10/12/2010 13:07

Image# 10931414906

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

| FORM 3X | For | Other Than An | Authorized Co | mmittee | | Office Use Only | , |
|--|-------------------------|-------------------------------------|-------------------------|-------------------------------------|-------------------------|--------------------|---|
| 1. NAME OF COMMITTEE (in full) | | FEC MAILING LAI | BEL Example: over the I | If typing, type ines | | Office dise Offiny | |
| American Academy of | Ophthalmolo | ogy Inc Political Con | nmittee (OPHTHPA) | C) | | | |
| <u> </u> | 1 1 1 1 | 1 1 1 1 1 1 | 1 1 1 1 1 1 | 1 1 1 1 1 1 1 | 1 1 1 1 | 1 1 1 1 1 | |
| ADDRESS (number and stre | eet) 65 | 55 Beach Street | | | | | |
| Check if different than previously reported. (ACC) | | an Francisco | | | CA | 94109 |]-[|
| 2. FEC IDENTIFICATIO | N NUMBER | ~ | CITY 🛕 | 5 | STATE 🛋 | ZIPCO | DDE 🛕 |
| C00196246 | | | 3. IS THIS REPORT | X NEW (N) OR | Al (A | MENDED A) | |
| 4. TYPE OF REPORT (Choose One) | Γ (| b) Monthly Report Due On: | Feb 20 (M2) | May 20 (M5) | H | g 20 (M8) | Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) |
| (a) Quarterly Reports | s: | | Mar 20 (M3) | Jun 20 (M6) | H | 20 (M9) | (Non-Election Year Only) |
| April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re January 31 Quarterly Re | eport(Q2) | (c) 12-Day PRE-Electic Report for t | on 📙 | Jul 20 (M7) ary (12P) vention (12C) | X Oct General Special (| | |
| July 31 Mid- Report(Non- Year Only) (Termination (TER) | Year election MY) | (d) 30-Day Post -Elec Report for t | | eral (30G) | Runoff (3 | | Special (30S) |
| 5. Covering Period | 0 9 | 01 201 | 0 th | arough 0 9 | 30 | 2010 | |
| I certify that I have examine | d this Report | t and to the best of i | my knowledge and be | elief it is true, correct a | and complete. | | |
| Type or Print Name of Trea | surer <u>S</u> | Steven Rausch | | | | | |
| Signature of Treasurer | Ele <u>ctronically</u> | Filed by Steven | Rausch | Da | ate 10 | 12 | 2010 |
| NOTE : Submission of fals | e, erroneous, | , or incomplete infor | mation may subject | the person signing this | Report to the | e penalties of 2 U | J.S.C 437g. |
| Office Use | | | | | | FEC FOI | RM 3X |

FE6AN026

 $\textbf{A.} \hspace{0.2cm} \textbf{Form/Schedule}: \hspace{0.2cm} \textbf{F3X}$

Transaction ID:

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

3 / 107

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) м м D D 0 1 2 0 1 0 м м 0 9 ^D 30 2010 Report Covering the Period: From: To:

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 20 10 | | 774216.66 |
| (b) Cash on Hand at Begining of Reporting Period | 869658.33 | |
| (c) Total Receipts (from Line 19) | 64139.84 | 738779.72 |
| (d) Subtotal (add lines 6(b) and | | |
| 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 933798.17 | 1512996.38 |
| 7. Total Disbursements (from Line 31) | 411150.51 | 990348.72 |
| Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 522647.66 | 522647.66 |
| Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 107

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

м м 0 9

Report Covering the Period:

From:

D D 0 1

2010

то.

м м

^D 30

Y Y Y Y 2 0 1 0

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| Contributions (other than loans) From: (a) Individuals/Persons Other | | _ |
| Than Political Committees (i) Itemized (use Schedule A) | 49355.30 | 581357.57 |
| (ii) Unitemized | 12022.99 | 139028.32 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 61378.29 | 720385.89 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines | 0.00 | 0.00 |
| 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 61378.29 | 720385.89 |
| Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 3. All Loans Received | 0.00 | 0.00 |
| Loan Repayments Received Offsets To Operating Expenditures | 0.00 | 0.00 |
| (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made | 0.00 | 0.00 |
| to Federal candidates and Other Political Committees | 2500.00 | 12000.00 |
| 7. Other Federal Receipts (Dividends, Interest, etc.) | 261.55 | 6393.83 |
| 3. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 64139.84 | 738779.72 |
|). Total Federal Receipts (subtract Line 18(c) from Line 19) | 64139.84 | 738779.72 |

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 107

| | II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----|---|-------------------------------|---|
| 21. | Operating Expenditures: (a) Shared Federal/Non-Federal | | |
| | Activity (from Schedule H4) | 0.00 | 0.00 |
| | (i) Federal Share | | |
| | (ii) Non-Federal Share | 0.00 | 0.00 |
| | (b) Other Federal Operating | 1244 FF | 400E0 10 |
| | Expenditures(c) Total Operating Expenditures | 1344.55 | 49952.12 |
| | (add 21(a)(i), (a)(ii) and (b)) | 1344.55 | 49952.12 |
| 22. | Transfers to Affiliated/Other Party | | |
| 2 | Committees Contributions to | 0.00 | 0.00 |
| .0. | Federal Candidates/Committees and Other Political Committees | 203500.00 | 709670.00 |
| 4. | Independent Expenditure | | |
| _ | (use Schedule E) | 205805.96 | 223882.96 |
| Э. | Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 |
| | (use serieudie i) | | |
| 26. | Loan Repayments Made | 0.00 | 0.00 |
| 27. | Loans Made | 0.00 | 0.00 |
| 28. | Refunds of Contributions To: (a) Individuals/Persons Other | | |
| | Than Political Committees | 500.00 | 6843.64 |
| | (b) Political Party Committees | 0.00 | 0.00 |
| | (c) Other Political Committees | | |
| | (such as PACs) | 0.00 | 0.00 |
| | (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 500.00 | 6843.64 |
| | (add Lines 20(a), (b), and (c)) | | * |
| 9. | Other Disbursements | 0.00 | 0.00 |
| 30. | Federal Election Activity (2 U.S.C 431(20)) | | |
| | (a) Shared Federal Election Activity | | |
| | (from Schedule H6) | 0.00 | 0.00 |
| | (i) Federal Share | 0.00 | 0.00 |
| | (ii) "Levin" Share | 0.00 | 0.00 |
| | (b) Federal Election Activity Paid Entirely | 0.00 | 0.00 |
| | With Federal Funds | 0.00 | 0.00 |
| | (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. | Total Disbursements (add Lines 21(c), 22, | | |
| | 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 411150.51 | 990348.72 |
| | | | |
| 32. | Total Federal Disbursements | | |
| | (subtract Line 21(a)(ii) and Line 30(a)(ii) | A11150 51 | 000249.70 |
| | from Line 31) | 411150.51 | 990348.72 |

DETAILED SUMMARY PAGE

of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 61378.29 | 720385.89 |
| 44. Total Contribution Refunds (from Line 28(d)) | 500.00 | 6843.64 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 60878.29 | 713542.25 |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1344.55 | 49952.12 |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 88. Net Operating Expenditures (subtract Line 37 from Line 36) | 1344.55 | 49952.12 |

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| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|------------|---|---|---|---|
| 7 | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | e name and add | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) Richard Abbott Mailing Address Ucsf Beckman Vision 10 Koret Way K-301 City San Francisco FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State CA C Occupatio Ophtham | | Date of Receipt M M M O 9 O 3 0 O 2 0 1 0 Transaction ID: 45BD97012E81B3528B99 Amount of Each Receipt this Period 50.00 PACWEB RECURRING CC PAYME-NT APPROVED AND SETTLED |
| В. | Full Name (Last, First, Middle Initial) Ahmed Abdelsalam Mailing Address 1 E Wacker Dr Ste 3150 City Chicago FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State IL C Occupatio Ophtham Aggregate | | Date of Receipt M M M O D O 6 2010 Transaction ID: 47CBA68AA7B08DADDC88 Amount of Each Receipt this Period 83.34 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| | Full Name (Last, First, Middle Initial) Patrick Aiello Mailing Address 275 W 28th St City Yuma FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State AZ C Occupatio Ophtham Aggregate | | Date of Receipt M M D D 23 2010 Transaction ID: 494BB4B08304FF535FEC Amount of Each Receipt this Period 83.34 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| | SUBTOTAL of Receipts This Page (optional) | |) | 216.68 |

| SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|--|---|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | name and address of any political committee | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Arthur Allen, Jr. Mailing Address 2100 Webster St Pacific Eye Assoc, Ste City San Francisco FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ | 214 State Zip Code CA 94115-2375 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 365.00 | Date of Receipt M M / D D / Y Y Y Y Y O 9 0 1 2 0 1 0 Transaction ID: FD7ED214098471CCC Amount of Each Receipt this Period 365.00 |
| Full Name (Last, First, Middle Initial) Quentin Allen Mailing Address 8921 N Wood Sage Ro City Peoria FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code IL 61615-7822 C Occupation Ophthamologist Aggregate Year-to-Date 1000.00 | Date of Receipt M M M / D D / Y Y Y Y Y O 9 1 7 2 0 1 0 Transaction ID: 44D753D8-04FB-4A78 Amount of Each Receipt this Period 1000.00 |
| Full Name (Last, First, Middle Initial) Peter Amaral Mailing Address 635 Medical Pkwy City Brenham FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code TX 77833-5412 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 225.00 | Date of Receipt M M / D D / Y Y Y Y Y O 9 2 4 2 0 1 0 Transaction ID: 4C85AD3CE1A6EE8F Amount of Each Receipt this Period 25.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED |
| SUBTOTAL of Receipts This Page (optional) | | 1390.00 |

| SCHEDULE A (FEC FITTEMIZED RECEIPTS | • | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 9 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|--------------------------------------|--|--|
| NAME OF COMMITTEE (In I | =ull) | nay not be sold or used by any pers address of any political committee to cal Committee (OPHTHPAC) | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Roberto Arguello Mailing Address 1910 S 1 Ste 100 City McAllen FEC ID number of contributin federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State TX G Occupat Ophtha Aggrega | Zip Code 78503-1244 tion amologist ate Year-to-Date ▼ | Date of Receipt M M M O D D O T 2 0 1 0 Transaction ID: 02182231D0648B951A9 Amount of Each Receipt this Period 500.00 |
| Full Name (Last, First, Middle Joe Arterberry Mailing Address 224 E Broste 110 City Louisville FEC ID number of contributin federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State KY G Occupat Ophtha Aggrega | Zip Code 40202-2016 tion amologist ate Year-to-Date 250.02 | Date of Receipt M M M / D D / Y Y Y Y Y 0 9 0 6 2 0 1 0 Transaction ID: 4FCDB9D2BF942E563C0 Amount of Each Receipt this Period 41.67 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| Full Name (Last, First, Middle Dennis Asselin Mailing Address 2301 Lac City Rochester FEC ID number of contributin federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State NY G Occupat Ophtha Aggrega | Zip Code 14618-5646 tion amologist ate Year-to-Date ▼ 500.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Transaction ID: ECAA9B88C24E1B71B7 Amount of Each Receipt this Period 500.00 |
| SUBTOTAL of Receipts This P | age (optional) | | 1041.67 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 107 (check only one) X 11a 11b 11c 12 15 16 17 |
|----|---|--|--|
| 5 | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persone name and address of any political committee to gy Inc Political Committee (OPHTHPAC) | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Α. | Full Name (Last, First, Middle Initial) Brock Bakewell Mailing Address 6099 N Placita Fresn | iillo | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City Tucson FEC ID number of contributing | State Zip Code AZ 85750 | Transaction ID: 415F2090-90CD-4726- Amount of Each Receipt this Period |
| | federal political committee. Name of Employer Self Receipt For: | Occupation Ophthamologist Aggregate Year-to-Date ▼ | 365.00 |
| | Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) | 365.00 | |
| B. | Gregg Bannett Mailing Address 620 N Broad St | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| | City | State Zip Code | Transaction ID: 4CCCA117102183333BE5 |
| | Woodbury FEC ID number of contributing federal political committee. | NJ 08096-1795 | Amount of Each Receipt this Period 25.00 |
| | Name of Employer Self | Occupation Ophthamologist | BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |
| C. | Full Name (Last, First, Middle Initial) Wayne Barber | | Date of Receipt |
| | Mailing Address 26 Aston Court | | 09 29 2010 |
| | City | State Zip Code | Transaction ID: 555D3935-B0B2-4895- |
| | Owings Mills FEC ID number of contributing federal political committee. | MD 21117 | Amount of Each Receipt this Period 365.00 |
| | Name of Employer Self | Occupation Ophthamologist | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | 755.00 |
| Ī | TOTAL This Period (last page this line number | er only) | |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 11 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|---|---|
| or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any per ng the name and address of any political committee | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Jeffrey Baumann Mailing Address 17560 US Highwa City Mount Dora FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify) | State Zip Code FL 32757-6711 C Occupation Ophthamologist Aggregate Year-to-Date 225.00 | Date of Receipt M M D D D 2 0 1 0 |
| Full Name (Last, First, Middle Initial) Todd Berger Mailing Address 5800 49th St N # S-109 City Saint Petersburg FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify) | State Zip Code FL 33709-2146 C Occupation Ophthamologist Aggregate Year-to-Date 1000.00 | Date of Receipt M M J D D J Z D 1 0 Transaction ID: 5FDDC22D409F3D518A Amount of Each Receipt this Period 1000.00 |
| Full Name (Last, First, Middle Initial) Charles Birnbach Mailing Address 2821 Northup Waste 200 City Bellevue FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | y State Zip Code WA 98004-1496 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 950.00 | Date of Receipt M M M / D D / Y Y Y Y Y O 9 10 2010 Transaction ID: 4167A4FED603FE2F3C Amount of Each Receipt this Period 50.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| SUBTOTAL of Receipts This Page (option | nal) | 1075.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 12 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|---|---|
| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any personante name and address of any political committee to | n for the purpose of soliciting contributions |
| American Academy of Ophthalmolo | gy Inc Political Committee (OPHTHPAC) | |
| Full Name (Last, First, Middle Initial) Bradley Black | | Date of Receipt |
| Mailing Address 5220 Flanders Dr | | 09 30 Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: B7A822EA-20FD-47DC |
| Baton Rouge | LA 70808-9112 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 365.00 |
| Name of Employer Self | Occupation Ophthamologist | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |
| Full Name (Last, First, Middle Initial) William Blakemore | | Date of Receipt |
| Mailing Address 101 Mark Dr PO Box 1077 | | 09 / 11 / 2010 |
| City | State Zip Code | Transaction ID: 4B0FA2196324A09628 |
| Edenton | NC 27932-1778 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.00 |
| Name of Employer Self | Occupation Ophthamologist | BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 565.00 | |
| Full Name (Last, First, Middle Initial) Robert Block | | Date of Receipt |
| Mailing Address 12 Curtis St | | 0 9 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 4F619330529F42FC08 |
| Meriden | CT 06450-5900 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 41.67 |
| Name of Employer Self | Occupation Ophthamologist | BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 250.02 | |
| SUBTOTAL of Receipts This Page (optional |) | 431.67 |
| TOTAL This Period (last page this line numb | · | |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 13 / 107 (check only one) X |
|---------|---|--|---|
| , | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | tatements may not be sold or used by any personame and address of any political committee to Inc Political Committee (OPHTHPAC) | on for the purpose of soliciting contributions |
| | American Academy of Ophthalmology | inc Political Committee (OPHTHPAC) | |
| ۸. | Full Name (Last, First, Middle Initial) Steven Bodine | | Date of Receipt |
| | Mailing Address 915 Palmer Rd Retina Consultations | | 09 09 2010 |
| | City | State Zip Code | Transaction ID: 4D218CE97F22F6CFBF |
| | Bronxville | NY 10708-3304 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 50.00 |
| | Name of Employer Self | Occupation Ophthamologist | PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED |
| | Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 450.00 | |
| - 3. | Full Name (Last, First, Middle Initial) Walt Bogart | | Date of Receipt |
| | Mailing Address 110 E Medical Ln Ste 160 | | 09 / 02 / 4 9 10 |
| | City | State Zip Code | Transaction ID: 45E28F9EE01AB749E09 |
| | West Columbia FEC ID number of contributing | SC 29169-4814 | Amount of Each Receipt this Period |
| | federal political committee. | C | 91.25 BATCH TOOL RECURRING PAYM- |
| | Name of Employer Self | Occupation Ophthamologist | ENT APPROVED AND SETTLED |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 273.75 | |
| . – | Full Name (Last, First, Middle Initial) J. Luigi Borrillo | | Date of Receipt |
| | Mailing Address 486 S Taaffe St | | 09 13 7 2010 |
| | City | State Zip Code | Transaction ID: AE6113BFFEC91BEA8E |
| | Sunnyvale | CA 94086-7633 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 500.00 |
| | Name of Employer Self | Occupation Ophthamologist | |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 500.00 |] |
| Γ | | I | 641.25 |

| OF COMMITTEE (In Full) | State Zip Code MD 20852-4500 C Occupation Ophthamologist Aggregate Year-to-Date | Date of Receipt M M M O 9 0 9 2 0 1 0 Transaction ID: 2B4B8ACE2C76BF65C1C Amount of Each Receipt this Period |
|---|--|---|
| ame (Last, First, Middle Initial) Bradley g Address 11017 Daybreak Ct ville D number of contributing al political committee. of Employer pt For: | State Zip Code MD 20852-4500 C Occupation Ophthamologist | Transaction ID: 2B4B8ACE2C76BF65C1C Amount of Each Receipt this Period |
| g Address 11017 Daybreak Ct ville D number of contributing al political committee. of Employer pt For: | MD 20852-4500 C Occupation Ophthamologist | Transaction ID: 2B4B8ACE2C76BF65C1C Amount of Each Receipt this Period |
| D number of contributing all political committee. of Employer | MD 20852-4500 C Occupation Ophthamologist | Transaction ID: 2B4B8ACE2C76BF65C1C Amount of Each Receipt this Period |
| D number of contributing all political committee. of Employer pt For: | MD 20852-4500 C Occupation Ophthamologist | Amount of Each Receipt this Period |
| D number of contributing all political committee. of Employer pt For: | Occupation Ophthamologist | |
| al political committee. of Employer pt For: | Occupation Ophthamologist | 500.00 |
| pt For: | Ophthamologist | |
| | | |
| Other (specify) ▼ | 500.00 | |
| ame (Last, First, Middle Initial) n Bridges, Jr. | | Date of Receipt |
| g Address 21 Medical Park Dr | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | State Zip Code | Transaction ID: 44B5BA05B504E8D4C15 |
| ville | NC 28803-2493 | Amount of Each Receipt this Period |
| D number of contributing al political committee. | C | 83.34 |
| of Employer | Occupation Ophthamologist | BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED |
| pt For: Primary General Other (specify) ♥ | Aggregate Year-to-Date ▼ 416.70 | |
| ame (Last, First, Middle Initial) d Brumbaugh | | Date of Receipt |
| g Address 10293 N Meridian S Ste 325 | t | 09 / 21 / 2010 |
| | State Zip Code | Transaction ID: 74192D3B2C3A362652F |
| • | IN 46290-1141 | Amount of Each Receipt this Period |
| D number of contributing all political committee. | C | 365.00 |
| of Employer | Occupation Ophthamologist | |
| ot For: | Aggregate Year-to-Date ▼ | |
| Primary ☐ General Other (specify) ▼ | 365.00 | |
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| | Other (specify) General Other (specify) Tame (Last, First, Middle Initial) Id Brumbaugh Id Address 10293 N Meridian S Ste 325 Dapolis O number of contributing I political committee. Of Employer Of For: Other (specify) Other (specify) | Other (specify) ▼ 416.70 Address 10293 N Meridian St State Zip Code IN 46290-1141 O number of contributing political committee. Of Employer Of Employer Orimary General Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Other (specify) ▼ Other (specify) ▼ |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 15 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) G. Edward Bryant, Jr. Mailing Address 303 W Polk Ave City West Memphis FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State AR C Occupation Ophtham Aggregate | | Date of Receipt M M |
| В. | Full Name (Last, First, Middle Initial) Patricia Buehler Mailing Address 1122 NW Foxwood City Bend FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State OR C Occupation Ophtham Aggregate | | Date of Receipt M M M |
| C. | Full Name (Last, First, Middle Initial) John Bullock, Jr. Mailing Address 400 Westhampton Sta City Richmond FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State VA C Occupation Ophthan | | Date of Receipt M M M O D D O 2 2 0 1 0 Transaction ID: 49F08656AE79C53B4095 Amount of Each Receipt this Period 50.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| | SUBTOTAL of Receipts This Page (optional) | | | 116.67 |
| | TOTAL This Period (last page this line number | only) | I | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate so for each categor Detailed Summa | y of the Table Tab |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | | d by any person for the purpose of soliciting contributions committee to solicit contributions from such committee. HTHPAC) |
| Full Name (Last, First, Middle Initial) John Burchfield Mailing Address 2865 N Reynolds Rd Ste 170 City Toledo FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code OH 43615-2076 C Occupation Ophthamologist Aggregate Year-to-Date | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) Bruce Cameron Mailing Address 1113 18th Ave E City Seattle FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code WA 98112 C Occupation Ophthamologist Aggregate Year-to-Date | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) Charles Campbell Mailing Address 5540 Saratoga Blvd Ste 200 City Corpus Christi FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code TX 78413-2953 C Occupation Ophthamologist Aggregate Year-to-Date | Date of Receipt M M J 2010 Transaction ID: 4C2EA2A865B86583C3 Amount of Each Receipt this Period 83.34 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| SUBTOTAL of Receipts This Page (optional) | | 608.34 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 17 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| A | ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog | e name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) Ronald Caronia Mailing Address 360 Merrick Rd FI 3 City Lynbrook FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State NY C Occupatio Ophtham Aggregate | | Date of Receipt M M M O D D O 2 2 0 1 0 Transaction ID: CC3A97F996062EEF568 Amount of Each Receipt this Period 365.00 |
| | Full Name (Last, First, Middle Initial) Shanmuganathan Chandramohan Mailing Address 17310 Bear Valley Ro Ste 101 City Victorville FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State CA C Occupatio Ophtham | | Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 9C0A2DE067E7D8055A Amount of Each Receipt this Period 365.00 |
| | Full Name (Last, First, Middle Initial) Jack Mabry Chapman Mailing Address 2061 Beverly Rd City Gainesville FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State GA C Occupatio Ophtham Aggregate | | Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Ę | SUBTOTAL of Receipts This Page (optional) | | | 813.33 |

| SCHEDULE A (FEC Form SITEMIZED RECEIPTS | f | Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 18 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Reports or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Ophthalm | ng the name and addres | s of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Robert Chestler Mailing Address 10502 NE Wasco City Portland FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | O St State OR C Occupation Ophthamolo Aggregate Yea | <u> </u> | Date of Receipt M |
| Full Name (Last, First, Middle Initial) Donald Cinotti Mailing Address 600 Pavonia Ave Ste 6 City Jersey City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify) | State NJ C Occupation Ophthamolo Aggregate Yea | <u> </u> | Date of Receipt M M D D 2 0 1 0 |
| Full Name (Last, First, Middle Initial) S. William Clark Mailing Address 502 Isabella St City Waycross FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State GA C Occupation Ophthamolo Aggregate Yea | • | Date of Receipt M M |
| SUBTOTAL of Receipts This Page (option | onal) | | 541.66 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | fo | se separate schedule(s) r each category of the etailed Summary Page | FOR LINE NUMBER: PAGE 19 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | e name and address | of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) Christopher Coad Mailing Address 157 W 19th St Chelsea Eye Assoc Llı City New York FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State | | Date of Receipt M M J D D J Z D Z D J Z D D Z D D D Z D D D D |
| В. | Full Name (Last, First, Middle Initial) Bruce Cohen Mailing Address 1155 Conwyck Lane City Saint Louis FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | | | Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: EA8540EE-1C37-4A72- Amount of Each Receipt this Period 365.00 |
| C. | Full Name (Last, First, Middle Initial) Sander M. Zeskin Cohen Mailing Address 509 S Lenola Rd Ste 11 City Moorestown FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | | | Date of Receipt M M M / D D / 2 0 1 0 Transaction ID: 4A44838554B0FC3A2C4E Amount of Each Receipt this Period 100.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| | SUBTOTAL of Receipts This Page (optional) | | | 490.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 20 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| 7 | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | e name and add | dress of any political committee to | on for the purpose of soliciting contributions a solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) James Collins Mailing Address 360 Montauk Hwy City West Islip FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State NY C Occupation Ophtham Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y O 9 |
| В. | Full Name (Last, First, Middle Initial) Russell Crain Mailing Address 11011 Hefner Pointe D Ste B City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State OK C Occupation Ophtham | | Date of Receipt M M M |
| - С. | Full Name (Last, First, Middle Initial) Alan Crandall Mailing Address 65 Mario Capecchi Dr City Salt Lake City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State UT C Occupation Ophtham | | Date of Receipt M M M / D D / Y Y Y Y Y O 9 / D 2 / 2 0 1 0 Transaction ID: B19CDDA701ECC0A4B28 Amount of Each Receipt this Period 365.00 |
| | SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number | | | 665.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 21 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any personal the name and address of any political committee to | on for the purpose of soliciting contributions |
| 1 | ogy Inc Political Committee (OPHTHPAC) | |
| Full Name (Last, First, Middle Initial) Terry Croyle | | Date of Receipt |
| Mailing Address 2375 S Main St | | 09 01 2010 |
| City <u>Moultrie</u> | State Zip Code GA 31768-6517 | Transaction ID: 418D8FC8F046C21631/ Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 30.00 |
| Name of Employer Self | Occupation Ophthamologist | PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 270.00 | |
| Full Name (Last, First, Middle Initial) Richard Davenport | | Date of Receipt |
| Mailing Address 2424 S 90th St Ste 204 | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | |
| City West Allis | State Zip Code WI 53227-2455 | Transaction ID: 406594BD1231BC28613 |
| FEC ID number of contributing federal political committee. | C 33227-2433 | Amount of Each Receipt this Period 41.67 |
| Name of Employer Self | Occupation Ophthamologist | BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.02 | |
| Full Name (Last, First, Middle Initial) Daniel Day | I | Date of Receipt |
| Mailing Address 8401 Golden Valley Ste 330 | / Rd | 09 08 2010 |
| City Golden Valley | State Zip Code MN 55427-4488 | Transaction ID: 4568BD1AD886921664F Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 50.00 |
| Name of Employer Self | Occupation Ophthamologist | BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 950.00 | |
| SUBTOTAL of Receipts This Page (optional | J) | 121.67 |
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| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 22 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | tatements may not be sold or used by any personame and address of any political committee to Inc Political Committee (OPHTHPAC) | on for the purpose of soliciting contributions a solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Shashi Dharma Mailing Address 4301 N MacArthur Blvd Ste 107 City Irving FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code TX 75038-6497 C Occupation Ophthamologist Aggregate Year-to-Date 250.00 | Date of Receipt M M M / D D / Y Y Y Y Y O 9 |
| Full Name (Last, First, Middle Initial) Steven Dixon Mailing Address 1111 E Ocean Ave Ste 7 City Lompoc FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code CA 93436-2501 C Occupation Ophthamologist Aggregate Year-to-Date 400.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) John Downing Mailing Address 985 Matlock Rd City Bowling Green FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code KY 42104-7408 C Occupation Ophthamologist Aggregate Year-to-Date 950.00 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | | 350.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 23 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| A | ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | e name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Α. | Full Name (Last, First, Middle Initial) William Durant Mailing Address 950 Ryland St City Reno FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State NV C Occupatio Ophtham Aggregate | | Date of Receipt M M M D 27 27 2010 Transaction ID: 1556720BCFAC96190AF Amount of Each Receipt this Period 365.00 |
| В. | Full Name (Last, First, Middle Initial) Shehab Ebrahim Mailing Address 4717 Woodland Ave City Metairie FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State LA C Occupatio Ophtham Aggregate | | Date of Receipt M M M O 9 1 7 2 0 1 0 Transaction ID: 49F4921F0EA04EB9D13 Amount of Each Receipt this Period 100.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED |
| C. | Full Name (Last, First, Middle Initial) John Thomas Edmonds Mailing Address 3235 Academy Ave Ste 101 City Portsmouth FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State VA C Occupatio Ophtham Aggregate | | Date of Receipt M M D D 2 0 1 0 |
| : | SUBTOTAL of Receipts This Page (optional) | | | 515.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 24 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| 1 | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | | | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Α. | Full Name (Last, First, Middle Initial) Timothy Ehlen Mailing Address 2805 Campus Dr Ste 105 City Plymouth FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State MN C Occupatio Ophtham Aggregate | | Date of Receipt M M M O D D O 2 0 1 0 Transaction ID: 802A2A2D33AC1A4EF8F Amount of Each Receipt this Period 500.00 |
| В. | Full Name (Last, First, Middle Initial) James Finegan Mailing Address 236 Roseberry St City Phillipsburg FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State NJ C Occupatio Ophtham Aggregate | Zip Code 08865-1632 | Date of Receipt M M M |
| С. | Full Name (Last, First, Middle Initial) Keith Fisher Mailing Address 6401 Turnberry Drive City Fort Worth FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ | State TX C Occupatio Ophtham Aggregate | | Date of Receipt M M M O D D O Z O 1 0 Transaction ID: A491840A-9325-4F7F- Amount of Each Receipt this Period 365.00 |
| | SUBTOTAL of Receipts This Page (optional) | | | 948.34 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 25 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| A | Any information copied from such Reports and Sor for commercial purposes, other than using the | Statements may not be sold or used by any pe e name and address of any political committee | |
| | NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | Inc Political Committee (OPHTHPAC | () |
| ∠ A. | Full Name (Last, First, Middle Initial) Edgar Gamponia | | Date of Receipt |
| | Mailing Address 408 Santana Place | | 09 13 7 9 9 9 |
| | City | State Zip Code | Transaction ID: 7ABDD3EE-A244-4C2C- |
| | Morgantown | WV 26508 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 365.00 |
| | Name of Employer Self | Occupation Ophthamologist | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |
| — В. | Full Name (Last, First, Middle Initial) Timothy Gard | | Date of Receipt |
| | Mailing Address 512 E Main St | | 09 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State Zip Code | Transaction ID: 4886A63248A463D7834 |
| | Hillsboro | OR 97123-4137 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 25.00 |
| | Name of Employer Self | Occupation Ophthamologist | BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |
| _ C. | Full Name (Last, First, Middle Initial) Thomas Gardner | | Date of Receipt |
| | Mailing Address 756 Marion St | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State Zip Code | Transaction ID: CE293EB61F1276E1CB |
| | Denver | CO 80218-3434 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 365.00 |
| | Name of Employer Self | Occupation Ophthamologist | |
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| | ULE A (FEC Form 3X) ED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUME (check only one) X 11a 11 13 14 | lb 11c 12 |
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| Jason Gii Mailing A City Medfort FEC ID I federal p Name of Self | Address 101 Main St Ste 208 d number of contributing solitical committee. Employer For: | State MA C Occupatio Ophtham Aggregate | | | |
| Ot | | 0 0 | 365.00 | Date of Recei | D / Y Y Y Y |
| federal p | number of contributing political committee. Employer | State WA C Occupatio Ophtham | nologist | | 2 8 2 0 1 0 D: 38BC2939-16A6-4F01- ch Receipt this Period 500.00 |
| Full Nam John Dou | imary General her (specify) ne (Last, First, Middle Initial) uglas Goosey Address 6545 Rutgers Ave | Aggregate | e Year-to-Date ▼ 500.00 | Date of Recei | D / Y Y Y Y |
| federal p | number of contributing olitical committee. | State TX | Zip Code 77005-3850 | Amount of Ea | 2 8 2 0 1 0 D: 4780AD44B40B2586El Ch Receipt this Period 100.00 CCUBBING CC PAYME- |
| Receipt Pri | Employer For: imary | Occupatio Ophtham Aggregate | | NT ĂPPROV | CURRING CC PAYME- ED AND SETTLED |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 27 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Ai | ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | ne name and add | dress of any political committee to | on for the purpose of soliciting contributions a solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) David Gossage Mailing Address 50 W Carleton Rd City Hillsdale FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State MI C Occupation Ophtham Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y O 9 1 7 2 0 1 0 Transaction ID: 49FD83019907842111E3 Amount of Each Receipt this Period 50.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED |
| 3. | Full Name (Last, First, Middle Initial) Marshall Graditor Mailing Address 7345 Medical Center Ste 320 City West Hills FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State CA C Occupation Ophtham | | Date of Receipt M M M O D D O 1 2 0 1 0 Transaction ID: A6DE5C682FF7DAA367 Amount of Each Receipt this Period 365.00 |
| >. | Full Name (Last, First, Middle Initial) Robert Graham Mailing Address 711 W North Ave Seton Health Center, City Chicago FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State IL C Occupation Ophtham | | Date of Receipt M M D D 2 0 1 0 Transaction ID: 426BA38D91DD7FB21F9 Amount of Each Receipt this Period 50.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| Ę | SUBTOTAL of Receipts This Page (optional) | | | 465.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 28 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| ∠ A . | Full Name (Last, First, Middle Initial) Edward Graul Mailing Address 251 Moosa Blvd City Eunice FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State LA C Occupatio Ophtham Aggregate | | Date of Receipt M M M |
| В. | Full Name (Last, First, Middle Initial) Lynn Greenlee Mailing Address 23 Sunrise Mesa Cir City Canon City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State CO C Occupatio Ophtham Aggregate | | Date of Receipt M M M D D D Y Y Y Y Y Y Transaction ID: A0DB4B7594F10218B69 Amount of Each Receipt this Period 365.00 |
| C. | Full Name (Last, First, Middle Initial) Constance Grignon Mailing Address 3700 Aspen Dr City West Des Moines FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State IA C Occupatio Ophtham Aggregate | | Date of Receipt M M M D D D 2 2 1 1 0 Transaction ID: F45911D7676EEE6C0F9 Amount of Each Receipt this Period 300.00 |
| | SUBTOTAL of Receipts This Page (optional) | | | 706.67 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 29 / 107 (check only one) X |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | name and ad | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) Erich Groos Mailing Address 2400 Patterson St Ste 201 City Nashville FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State TN C Occupatio Ophtham Aggregate | | Date of Receipt M M D D 2 0 1 0 Transaction ID: 4814AC79784D98C85E31 Amount of Each Receipt this Period 83.34 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| - В. | Full Name (Last, First, Middle Initial) Maged Habib Mailing Address 2300 S Congress Ave Ste 102 City Boynton Beach FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State FL C Occupatio Ophtham Aggregate | | Date of Receipt M M M / D D / 2 0 1 0 Transaction ID: 4951BF3B372DAEB6CC56 Amount of Each Receipt this Period 25.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| - C. | Full Name (Last, First, Middle Initial) John Hagan Mailing Address 9401 N Oak Trfy City Kansas City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State MO C Occupation Ophtham Aggregate | | Date of Receipt M M / D D / Y Y Y Y Y O 9 2 1 2 0 1 0 Transaction ID: 034CA0EA-74E2-41C2- Amount of Each Receipt this Period 1000.00 |
| | SUBTOTAL of Receipts This Page (optional) | ı |) | 1108.34 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 30 / 107 (check only one) X |
|-----------|--|---|---|---|
| | Any information copied from such Reports and Sta or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In | name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) Mireille Hamparian Mailing Address 2355 Roanoke Rd City San Marino FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State CA C Occupation Ophtham Aggregate | | Date of Receipt M M M D D D 2010 Transaction ID: 46F7BF8FA902BC931694 Amount of Each Receipt this Period 50.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| В. | Full Name (Last, First, Middle Initial) Cynthia Hampton Mailing Address 451 Ruin Creek Rd Ste 204 City Henderson FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State NC C Occupation Ophtham Aggregate | | Date of Receipt M M M |
| С. | Full Name (Last, First, Middle Initial) Lawrence E. Hannon Mailing Address 3545 S Tamarac Dr Ste 170 City Denver FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State CO C Occupation Ophtham Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | SUBTOTAL of Receipts This Page (optional) | | | 183.34 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 31 / 107 (check only one) X 11a |
|---------|--|----------------------|---|--|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | name and add | dress of any political committee t | son for the purpose of soliciting contributions o solicit contributions from such committee. |
| Α. | Full Name (Last, First, Middle Initial) David Harris, Jr. Mailing Address 1928 Alcoa Hwy | | | Date of Receipt |
| | Ste 324 | O 1.1 | 7' 0 1 | 09 03 2010 |
| | City Knoxville | State TN | Zip Code 37920-1505 | Transaction ID: 421883CAB822E5CE186 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 37320 1303 | 83.34 |
| | Name of Employer Self | Occupatio | | BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED |
| | Receipt For: Primary General Other (specify) ▼ | Ophtham Aggregate | e Year-to-Date ▼ 500.04 | |
| - В. | Full Name (Last, First, Middle Initial) Walter Hartel | | | Date of Receipt |
| | Mailing Address 89 Sylvania Dr Southern Ohio Medica | 09 17 2010 | | |
| | City | State | Zip Code | Transaction ID: 7B2C30DACA4F623B231 |
| | Dayton | OH | 45440-3281 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 365.00 |
| | Name of Employer Self | Occupatio Ophtham | | |
| | Receipt For: Primary General Other (specify) ▼ | | e Year-to-Date ▼ 365.00 | |
| С. | Full Name (Last, First, Middle Initial) Richard Hawkins | | | Date of Receipt |
| Ο. | Mailing Address 1729 New Hanover Me | edical Park [| Or | 0 9 1 7 2 0 1 0 |
| | City | State | Zip Code | Transaction ID: 47C7A100070910017ED1 |
| | Wilmington | NC | 28403-5345 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 50.00 |
| | Name of Employer Self | Occupatio Ophtham | | PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 450.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 498.34 |
| ļ | TOTAL This Period (last page this line number | only) | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 32 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----|--|-------------------------------|---|---|
| | Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | name and add | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Α. | Full Name (Last, First, Middle Initial) David Hunter Mailing Address 30-B Mount Auburn St City Cambridge FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: | State MA C Occupatio Ophtham | | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 831AA9E3-C1A4-4504- Amount of Each Receipt this Period 365.00 |
| _ | Primary General Other (specify) ▼ | Aggregate | 365.00 | |
| В. | Full Name (Last, First, Middle Initial) W. Jackson Iliff Mailing Address 4 W Rolling Crossroad Rear 7 City Catonsville FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General | State MD C Occupatio Ophtham | nologist Year-to-Date | Date of Receipt M |
| с. | Other (specify) ▼ Full Name (Last, First, Middle Initial) Edward Isbey, III Mailing Address 8 Medical Park Dr City | State NC | Zip Code | Date of Receipt M |
| | Asheville FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ | Occupatio Ophtham | | Amount of Each Receipt this Period 83.34 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| | SUBTOTAL of Receipts This Page (optional) | |) | 498.34 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 33 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|------------|--|---|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | name and add | dress of any political committee t | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) Nabil Jabbour Mailing Address 3120 Collins Ferry Rd City Morgantown FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State WV C Occupation Ophtham Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 67F9689B45083E2BDE3 Amount of Each Receipt this Period 365.00 |
| В. | Full Name (Last, First, Middle Initial) John Johnson Mailing Address 110 Med Tech Pkwy City Johnson City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State TN C Occupation Ophtham Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: E58F860C2FD26EDAA3A Amount of Each Receipt this Period 500.00 |
| с. | Full Name (Last, First, Middle Initial) Randolph Johnston Mailing Address 1300 E 20th St City Cheyenne FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State WY C Occupation Ophtham Aggregate | | Date of Receipt M M M |
| | SUBTOTAL of Receipts This Page (optional) | | | 965.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 34 / 107 (check only one) X 11a |
|------------|--|---|---|---|
| | Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | e name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) Jerome Jordan Mailing Address 200 Mifflin Ave City Scranton FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State PA C Occupation Ophtham Aggregate | | Date of Receipt M M M |
| В. | Full Name (Last, First, Middle Initial) Emilio Justo Mailing Address 19052 N R H Johnson City Sun City West FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State AZ C Occupation Ophtham | | Date of Receipt M M D D D 2 0 1 0 |
| с. | Full Name (Last, First, Middle Initial) Jeffrey Ward Kalenak Mailing Address 2600 N Mayfair Rd Ste 600 City Milwaukee FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State WI C Occupation Ophtham Aggregate | | Date of Receipt M M M / D D V 2 3 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | SUBTOTAL of Receipts This Page (optional) . TOTAL This Period (last page this line number | | <u> </u> | 448.33 |

| SCHEDULE A (FEC Form CITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 35 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|--|---|
| NAME OF COMMITTEE (In Full) | and Statements may not be sold or used by any persong the name and address of any political committee to cology Inc Political Committee (OPHTHPAC) | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Elliott Kanner Mailing Address 930 Madison Ave Ste 470 City Memphis FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code TN 38103-7400 C Occupation Ophthamologist Aggregate Year-to-Date 365.00 | Date of Receipt M M / D D / 2 0 1 0 Transaction ID: 30DEC9F283FE353C8E Amount of Each Receipt this Period 365.00 |
| Full Name (Last, First, Middle Initial) M. Kenney Mailing Address 101 the City Dr S Building 55 Room City Orange FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | | Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 5C0DB41A0036076E900 Amount of Each Receipt this Period 365.00 |
| Full Name (Last, First, Middle Initial) Michael Kim Mailing Address 4807 NW 135th S City Vancouver FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code WA 98685-1739 C Occupation Ophthamologist Aggregate Year-to-Date 365.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (option | nal) | 1095.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 36 / 107 (check only one) X 11a |
|------------|--|--|--|
| | Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | name and address of any political committee t | son for the purpose of soliciting contributions o solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) Alan Kimura Mailing Address 8101 E Lowry Blvd Ste 210 City Denver FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code CO 80230-7195 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 250.02 | Date of Receipt M M M |
| В. | Full Name (Last, First, Middle Initial) James Klein Mailing Address 21711 Greater Mack Av City Saint Clair Shores FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code MI 48080-2418 C Occupation Ophthamologist Aggregate Year-to-Date ▼ | Date of Receipt M M M |
| C. | Full Name (Last, First, Middle Initial) Robert Klimek Mailing Address 741 Broad Street Ext City Waterford FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code CT 06385-1347 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 450.00 | Date of Receipt M M M |
| | SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of | | 191.67 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 37 / 107 (check only one) X |
|------------|--|---|---|---|
| 7 | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | e name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) Douglas Koch Mailing Address 6565 Fannin St City Houston FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State TX C Occupation Ophtham Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 45DEAA3CE1A800F4221E Amount of Each Receipt this Period 25.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED |
| В. | Full Name (Last, First, Middle Initial) Nicholas Kokoris Mailing Address 7749 Painter Ave City Whittier FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State CA C Occupation Ophtham Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 4A3555D70C05EA949ED Amount of Each Receipt this Period 250.00 |
| c . | Full Name (Last, First, Middle Initial) Stephen Kondash Mailing Address 2841 Boudinot Ave Ste 300 City Cincinnati FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State OH C Occupation Ophtham Aggregate | | Date of Receipt M M / D D / 2 0 1 0 Transaction ID: 4F469C1AA47C78373C22 Amount of Each Receipt this Period 25.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| | SUBTOTAL of Receipts This Page (optional) | | | 300.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 38 / 107 (check only one) X 11a |
|-----------|---|---|---|
| A | ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | name and address of any political committee t | son for the purpose of soliciting contributions o solicit contributions from such committee. |
| Α. | Full Name (Last, First, Middle Initial) Richard Koop Mailing Address 8445 Augusta Ln City Holland FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code OH 43528-9243 C Occupation Ophthamologist Aggregate Year-to-Date 500.00 | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 4034DCB7FC731124D55 Amount of Each Receipt this Period 500.00 |
| В. | Full Name (Last, First, Middle Initial) Douglas Kopp Mailing Address 2222 W 24th St Unit 10 City Plainview FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code TX 79072-1802 C Occupation Ophthamologist Aggregate Year-to-Date 450.00 | Date of Receipt M M M |
| <u> —</u> | Full Name (Last, First, Middle Initial) Michael Korey Mailing Address 3982 N Milwaukee Ave City Chicago FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify) | State Zip Code IL 60641-2703 C Occupation Ophthamologist Aggregate Year-to-Date 590.00 | Date of Receipt M M M |
| s | SUBTOTAL of Receipts This Page (optional) | | 575.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 39 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|--|---|
| NAME OF COMMITTEE (In Full) | nd Statements may not be sold or used by any personal the name and address of any political committee to body Inc Political Committee (OPHTHPAC) | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mark Krawitz Mailing Address 65 Mountain Blvd E City Warren FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code NJ 07059-2632 C Occupation Ophthamologist Aggregate Year-to-Date 365.00 | Date of Receipt M M O D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) H. Michael Lambert Mailing Address 2727 Gramercy St Ste 200 City Houston FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code TX 77025-1716 C Occupation Ophthamologist Aggregate Year-to-Date 1000.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) Scott Lampert Mailing Address 1100 Johnson Ferry Ste 593 City Atlanta FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | y Rd NE State Zip Code GA 30342-1733 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 730.00 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional | ul) | 1730.00 |

| Any information copied from such Reports and Stat or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Information Academy of Op | ame and address of any political comming Political Committee (OPHTHP) State Zip Code LA 70115-8200 | ittee to solicit contributions from such committee. |
|--|--|---|
| Scott Lanoux Mailing Address 2820 Napoleon Ave Ste 900 City New Orleans FEC ID number of contributing federal political committee. | LA 70115-8200 | 0 9 2 0 2 0 1 0 Transaction ID: 4E43AEB6CAC3078BA729 |
| Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Terry John Lee Mailing Address 231 SE Barrington Dr Ste 208 City | Occupation Ophthamologist Aggregate Year-to-Date 300.0 | Date of Receipt 0 Date of Receipt 0 9 1 0 2 0 1 0 |
| Oak Harbor FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | WA 98277-3200 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 365.0 | Transaction ID: C75DD6D6702F8E5F057 Amount of Each Receipt this Period 365.00 |
| Full Name (Last, First, Middle Initial) Eligijus Lelis Mailing Address 14488 Hawthorne Dr City Lemont FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code IL 60439-9126 C Occupation Ophthamologist Aggregate Year-to-Date 225.0 | Date of Receipt M M M / D D / Y Y Y Y Y 0 9 0 8 2 0 1 0 Transaction ID: 4CD6ABB47148880F7481 Amount of Each Receipt this Period 25.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| SUBTOTAL of Receipts This Page (optional) | | 415.00 |

| Mailing Address Ucsd Department of | | | Date of Receipt M M |
|--|--------------------|-------------------------|---|
| City | State | Zip Code | Transaction ID: BDB7DD3B-02F2-4FC |
| <u>La Jolla</u> | CA | 92093-0946 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 365.00 |
| Name of Employer Self | Occupation Ophtham | | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 365.00 | |
| Full Name (Last, First, Middle Initial) David Lewis | | | Date of Receipt |
| Mailing Address 825 Glenwood Ter | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 5F48C5F66D7DC8923 |
| Anniston | <u>AL</u> | 36207-5846 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer Self | Occupation Ophtham | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Sue Lim | | | Date of Receipt |
| Mailing Address 263 Harrington Dr | | | 0 9 |
| City | State | Zip Code | Transaction ID: 46B5BF405075ED1C0 |
| Troy | MI | 48098-3027 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 25.00 |
| Name of Employer Self | Occupation Ophtham | | PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 225.00 | |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 42 / 107 (check only one) X 11a |
|-----------|--|---|---|--|
| | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | | | |
| A. | Full Name (Last, First, Middle Initial) Lawrence Lohman Mailing Address 2013 State Route 59 City Kent FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State OH C Occupation Ophtham Aggregate | | Date of Receipt M M M D D D Y 2 0 1 0 Transaction ID: FD4C6C760EBB08E0CC0 Amount of Each Receipt this Period 500.00 |
| В. | Full Name (Last, First, Middle Initial) Edward Lores Mailing Address 4950 S Le Jeune Rd Ste D City Coral Gables FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State FL C Occupation Ophtham Aggregate | | Date of Receipt M M M O D D O S 2 0 1 0 Transaction ID: 4EEAA833AAFE5D73D6B0 Amount of Each Receipt this Period 25.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| С. | Full Name (Last, First, Middle Initial) Jonathan Macy Mailing Address 8635 W 3rd St Ste 360W City Los Angeles FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State CA C Occupation Ophtham Aggregate | | Date of Receipt M M |
| | SUBTOTAL of Receipts This Page (optional) | | | 575.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 43 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|------------|--|---|---|--|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | | | |
| A . | Full Name (Last, First, Middle Initial) Louis Maisel Mailing Address PO Box 547 City New City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State NY C Occupation Ophtham Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 463CB8E06CF3FC1BFD86 Amount of Each Receipt this Period 25.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| В. | Full Name (Last, First, Middle Initial) Masud Malik Mailing Address 3865 N Mulford Rd City Rockford FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State IL C Occupation Ophtham Aggregate | | Date of Receipt M M M O D D O 2 D 1 D 2 D 1 D 2 D 1 D 2 D 2 D 2 D 2 D |
| c . | Full Name (Last, First, Middle Initial) Timothy Malone Mailing Address 731 Walker Rd Ste F City Great Falls FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State VA C Occupation Ophtham Aggregate | | Date of Receipt M |
| | SUBTOTAL of Receipts This Page (optional) | | | 133.34 |

| Hayward FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ State Zip Code Colorado Springs CO 80920-6524 FEC ID number of Contributing federal political committee. Pull Name (Last, First, Middle Initial) Sheron Marshall Mailing Address 7075 Campus Dr State Zip Code Colorado Springs CO 80920-6524 FEC ID number of contributing federal political committee. Name of Employer Self Primary General Ophthamologist Receipt For: Primary General Other (specify) ▼ 250.02 Date of Receipt this Period Amount of Each Receipt this Period BATCH TOOL RECURRING PAYM-ENT APPROVED AND SETTLED Date of Receipt this Period Date of Receipt this Period Amount of Each Receipt this Period Date of Receipt Date of Receipt Amount of Each Receipt this Period Date of Receipt Date of Receipt Date of Receipt | | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 44 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|--------|---|---------------|---|---|
| Full Name (Last, First, Middle Initial) Mailling Address 1237 B St City Hayward FEC ID number of contributing tederal political committee. Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Sheron Marshall Mailing Address 7075 Campus Dr Stel 100 City State Zip Code Cocupation Ophthamologist Aggregate Year-to-Date FEC ID number of contributing tederal political committee. Cocupation Ophthamologist Feceipt For: Primary General Other (specify) ▼ Cocupation Ophthamologist Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 486F9854038E01215 Amount of Each Receipt this Period Date of Receipt Transaction ID: 486F9854038E01215 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 483B8423B85C23306t Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 772EB8AC485A8000 Date of Receipt Transaction ID: 772EB8AC485A8000 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 772EB8AC485A8000 Amount of Each Receipt Transaction ID: 772EB8AC485A8000 Amount of Each Receipt Inits Period Transaction ID: 772EB8AC485A8000 Amount of Each Receipt Inits Period Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 772EB8AC485A8000 Amount of Each Receipt Inits Period Amount of Each Receipt Inits Period Transaction ID: 772EB8AC485A8000 Amount of Each Receipt Inits Period Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 772EB8AC485A8000 Amount of Each Receipt Inits Period Transaction ID: 772EB8AC485A8000 Amount of Each Receipt Inits Period Transaction ID: 772EB8AC485A8000 Amount of Each Receipt Inits Period Transaction ID: 772EB8AC485A8000 Transaction ID: 772EB8AC485A8000 Amount of Each Receipt Inits Period Transaction ID: 772EB8AC485A8000 | 0 | NAME OF COMMITTEE (In Full) | | | |
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| City Haward CA 94541-2915 FEC ID number of contributing federal political committee. Name of Employer Ophthamologist Receipt For: Primary General Other (specify) ▼ State Zip Code Ophthamologist Receipt For: Political committee CI State Zip Code Ophthamologist Receipt For: Political committee CI State Zip Code Ophthamologist Aggregate Year-to-Date ▼ Transaction ID: 483B8423B5C233C66 Amount of Each Receipt this Period Date of Receipt Transaction ID: 483B8423B5C233C66 Transaction ID: 483B8423B5C233C66 Amount of Each Receipt this Period Date of Receipt Transaction ID: 483B8423B5C233C66 Transaction ID: 483B8423B5C233C66 Transaction ID: 483B8423B5C233C66 Amount of Each Receipt this Period Date of Receipt Transaction ID: 483B8423B5C233C66 Transaction ID: 47 2 7 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ۷. | | | | Date of Receipt |
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| Receipt For: Distribution Colorado Springs | | | C | | |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Sheron Marshall Mailing Address 7075 Campus Dr Ste 100 City State Zip Code Colorado Springs CO 80920-6524 FEC ID number of contributing federal political committee. Name of Employer Safe Other (specify) ▼ Full Name (Last, First, Middle Initial) Douglas Marx Mailing Address 140 Highway 201 N City State Zip Code Anount of Each Receipt this Period Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Douglas Marx Mailing Address 140 Highway 201 N City State Zip Code Mountain Home AR 72653-3158 FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Ophthamologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Occupation Ophthamologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ | | Name of Employer Self | | | BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED |
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| FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: | | • | | · | |
| Name of Employer Self Name (Last, First, Middle Initial) Douglas Marx Malling Address 140 Highway 201 N City Mountain Home FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Transaction ID: 772EB8AC485A80D0 Amount of Each Receipt this Period FEC ID number of Contributing federal political committee. Name of Employer Self Other (specify) ▼ Aggregate Year-to-Date ▼ | | • • | - 00 | 80920-6524 | Amount of Each Receipt this Period |
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| Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Douglas Marx Mailing Address 140 Highway 201 N City State Zip Code Mountain Home AR 72653-3158 FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 772EB8AC485A80D0 Amount of Each Receipt this Period C Ccupation Ophthamologist Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Other (specify) ▼ Aggregate Year-to-Date ▼ | | Name of Employer Self | | | ENT APPROVED AND SETTLED |
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| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 45 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | name and add | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) Benjamin Mason Mailing Address 1110 Eagle Ridge Rd City Cedar Falls FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State IA C Occupation Ophtham Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 42BB80DC6C362DBF1DB Amount of Each Receipt this Period 100.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED |
| - B. | Full Name (Last, First, Middle Initial) Mark Mazow Mailing Address 7150 Greenville Ave Ste 305 City Dallas FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State TX C Occupatio Ophtham Aggregate | Zip Code 75231-5185 | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 581EFFFA059558E1A21 Amount of Each Receipt this Period 500.00 |
| c . | Full Name (Last, First, Middle Initial) Rodney McCarthy Mailing Address 2865 N Reynolds Rd Ste 170 City Toledo FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State OH C Occupatio Ophtham Aggregate | | Date of Receipt M M J D D J Z D 1 D Transaction ID: 476E8DE6382001C2C57C Amount of Each Receipt this Period 50.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| | SUBTOTAL of Receipts This Page (optional) | | | 650.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 46 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | | | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) Charles McCash Mailing Address 1314 E Sonterra Blvd Ste 5201 City San Antonio FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify) | State TX C Occupation Ophtham Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y O 9 1 3 2 0 1 0 Transaction ID: 689224922FBDBE8B835 Amount of Each Receipt this Period 1000.00 |
| В. | Full Name (Last, First, Middle Initial) E. Colin McComiskey Mailing Address 604 W 13th Ave City Covington FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State LA C Occupatior Ophtham Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 8D01BBEDABE9F8D02AC Amount of Each Receipt this Period 365.00 |
| C. | Full Name (Last, First, Middle Initial) J. Arch McNamara Mailing Address 2300 Highland Ave Ste 201 City Bethlehem FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ | State PA C Occupation Ophtham Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y 1 0 9 2 0 1 0 Transaction ID: 495787322068053E6864 Amount of Each Receipt this Period 41.67 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| | SUBTOTAL of Receipts This Page (optional) | | | 1406.67 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 47 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Full Name (Last, First, Middle Initial) Aaron Miller Mailing Address 13414 Medical Co Ste 4 City Tomball FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify) | State TX C Occupatio Ophtham | | Date of Receipt M M / D D / Y Y Y Y Y O 9 2 3 2 0 1 0 Transaction ID: 40B78F10F1A563851204 Amount of Each Receipt this Period 50.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED |
| Full Name (Last, First, Middle Initial) Calvin Miller Mailing Address 225 Midway Medic City Bristol FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State TN C Occupatio Ophtham | | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 4EBCFA591CF7856BC07 Amount of Each Receipt this Period 199.00 |
| Full Name (Last, First, Middle Initial) Amalia Miranda Mailing Address 3435 NW 56th St Building A # 700 City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State OK C Occupatio Ophtham Aggregate | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 459F95D943649C268B5I Amount of Each Receipt this Period 100.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED |
| SUBTOTAL of Receipts This Page (option | nal) | | 349.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 48 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | d Statements may not be sold or used by any pethe name and address of any political committee agy Inc Political Committee (OPHTHPAC | e to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dorothy Moore Mailing Address 2055 Limestone Rd Ste 102 City Wilmington FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code DE 19808-5536 C Occupation Ophthamologist Aggregate Year-to-Date 300.00 | Date of Receipt M M M O D D O D O D O D O D O D O D O D |
| Full Name (Last, First, Middle Initial) Ronald Lee Morton Mailing Address 1001 Tower Way Ste 150 City Bakersfield FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code CA 93309-1586 C Occupation Ophthamologist Aggregate Year-to-Date 182.46 | Date of Receipt M M M |
| Full Name (Last, First, Middle Initial) Kamal Nassif Mailing Address 2300 N Mayfair Rd Ste 1155 City Milwaukee FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code WI 53226-1553 C Occupation Ophthamologist Aggregate Year-to-Date ▼ | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
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| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 49 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | name and add | dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Z.A. | Full Name (Last, First, Middle Initial) Richard Neahring Mailing Address 1309 Liberty St SE City Salem FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State OR C Occupatio Ophtham Aggregate | | Date of Receipt M |
| | Full Name (Last, First, Middle Initial) Eric Nelson Mailing Address 6405 France Ave S Ste W460 City Edina FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State MN C Occupatio Ophtham Aggregate | | Date of Receipt M |
| | Full Name (Last, First, Middle Initial) Leo Neu, III Mailing Address 1265 E Primrose St City Springfield FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State MO C Occupatio Ophtham Aggregate | | Date of Receipt M M / D D / Y Y Y Y Y O 9 1 0 2 0 1 0 Transaction ID: 4AFB89E3FACCF06A4FD0 Amount of Each Receipt this Period 50.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| | SUBTOTAL of Receipts This Page (optional) | | | 125.00 |
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| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 50 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| 7 | Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | | | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| ∠ A . | Full Name (Last, First, Middle Initial) Dennis O'Connell Mailing Address 125 Inverness Dr E Ste 320 City Englewood FEC ID number of contributing | State CO | Zip Code 80112-5139 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | rederal political committee. Name of Employer Self Receipt For: Primary Other (specify) | Occupatio Ophtham Aggregate | | 500.00 |
| В. | Full Name (Last, First, Middle Initial) Joanna Oda Mailing Address | State NY C Occupatio Ophtham Aggregate | | Date of Receipt M M M O D D O D O D O D O D O D O D O D |
| | Full Name (Last, First, Middle Initial) Lanny Odin Mailing Address 5109 Blackwolf Rd City Springfield FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State IL C Occupatio Ophtham Aggregate | | Date of Receipt M M M / D D / 2 2 2 2 1 0 Transaction ID: 76BF5729-5C56-428F- Amount of Each Receipt this Period 1000.00 |
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| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | for each c | rate schedule(s) ategory of the Summary Page | FOR LINE NUMBER: PAGE 51 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog | e name and address of any p | political committee to s | n for the purpose of soliciting contributions solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) Paul Olson Mailing Address 1055 N 300 W Ste 204 City Provo FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code UT 84604-3 C Occupation Ophthamologist Aggregate Year-to-Date | 3374 | Date of Receipt M M Z D Z D Z D Z D D Z D D Z D D Z D D D Z D D Z D D D Z D |
| В. | Full Name (Last, First, Middle Initial) S. Richard Ombres, Jr. Mailing Address PO Box 190 City Christiansted FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code VI 00821-0 C Occupation Ophthamologist Aggregate Year-to-Date | 0190 | Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 43A38E3886F49CB66609 Amount of Each Receipt this Period 83.34 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| с. | Full Name (Last, First, Middle Initial) Mark Ozog Mailing Address 1417 9th St S Ozog Eye Care and L City Great Falls FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ | aser Center, St State Zip Code MT 59405-4 C Occupation Ophthamologist Aggregate Year-to-Date | 1509 | Date of Receipt M M 2 0 1 0 Transaction ID: 456DBBEF7F0941845D97 Amount of Each Receipt this Period 41.67 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| | SUBTOTAL of Receipts This Page (optional) | • | > | 333.35 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 52 / 107 (check only one) X |
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| 7 | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) Mark Packer Mailing Address 4075 Southpointe Dr. City Eugene FEC ID number of contributing federal political committee. | State OR | Zip Code 97405 | Date of Receipt M M M / D D D / Y Y Y Y Y O 9 |
| | Name of Employer Self Receipt For: Primary General Other (specify) ▼ | Occupatio Ophtham Aggregate | | |
| В. | Full Name (Last, First, Middle Initial) Laura Pallan Mailing Address 807 Timber Ln City Sewickley FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: | State PA C Occupatio Ophtham | | Date of Receipt M M D D Q Q D Q D Q D Q D Q Q |
| _ C. | Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Paul Pare Mailing Address 304 SE Hospital Ave City Stuart FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: | State FL C Occupatio Ophtham | | Date of Receipt M M M |
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| or for comm | ation copied from such Reports and mercial purposes, other than using th OF COMMITTEE (In Full) can Academy of Ophthalmolog | e name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Christop Mailing City Billing: FEC ID federal Name o Self Receipt Pr | number of contributing political committee. of Employer | State MT C Occupation Ophtham Aggregate | | Date of Receipt M M M O D D O 2 0 1 0 Transaction ID: E23F57B0A3AEF115CE Amount of Each Receipt this Period 500.00 |
| Alpa Pat Mailing City Los Ar FEC ID federal p Name o Self Receipt Pt | Address 1926 Glendon Ave Apt 3 ngeles number of contributing political committee. of Employer | State CA C Occupation Ophtham Aggregate | | Date of Receipt M M M O D D O 2 2 0 1 0 Transaction ID: 0272E8E489793A9EAEC Amount of Each Receipt this Period 500.00 |
| Maria Pa Mailing City Brookf FEC ID federal p Name o Self Receipt | Address 12690 W North Ave field number of contributing political committee. of Employer | State WI C Occupation Ophtham Aggregate | | Date of Receipt M M |
| SUBTOTA | AL of Receipts This Page (optional) | | | 1025.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 54 / 107 (check only one) X 11a |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| ∠ A . | Full Name (Last, First, Middle Initial) Marc Peden Mailing Address 1600 SW Archer Rd Box 100284, Rm M1-2 City | 0 State | Zip Code | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Gainesville FEC ID number of contributing federal political committee. | FL C | 32610-3003 | Transaction ID: 4E5AB4ABC436147698DF Amount of Each Receipt this Period 10.00 |
| | Name of Employer Self Receipt For: Primary General Other (specify) ▼ | Occupatio Ophtham Aggregate | | PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED |
| В. | Full Name (Last, First, Middle Initial) Marc Peden Mailing Address 1600 SW Archer Rd Box 100284, Rm M1-2 City | State | Zip Code | Date of Receipt M |
| | Gainesville FEC ID number of contributing federal political committee. Name of Employer Self | C Occupation Ophtham | | Amount of Each Receipt this Period 41.67 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 340.02 | |
| С. | Full Name (Last, First, Middle Initial) Erica Person Mailing Address 10152 Mackey St. | | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City Overland Park FEC ID number of contributing federal political committee. | State KS | Zip Code 66212 | Transaction ID: A6DBA751-6D00-4F25- Amount of Each Receipt this Period 365.00 |
| | Name of Employer Self | Occupatio Ophtham | nologist | |
| | Receipt For: Primary General Other (specify) ♥ | Aggregate | e Year-to-Date ▼ 365.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 416.67 |

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| 0 | ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog | e name and address of any political commi | r person for the purpose of soliciting contributions ttee to solicit contributions from such committee. AC) |
| A . | Full Name (Last, First, Middle Initial) David Plager Mailing Address 702 Rotary Cir City Indianapolis FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code IN 46202-5133 C Occupation Ophthamologist Aggregate Year-to-Date 500.00 | Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 92FFC35C-B2B4-4687- Amount of Each Receipt this Period 500.00 |
| В. | Full Name (Last, First, Middle Initial) Eric Paul Purdy Mailing Address 11622 Eagle Creek P City Fort Wayne FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code IN 46814-3278 C Occupation Ophthamologist Aggregate Year-to-Date 365.06 | Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 3D873B7B2CF6C094FF1 Amount of Each Receipt this Period 365.00 |
| С. | Full Name (Last, First, Middle Initial) Vadrevu Raju Mailing Address 3140 Collins Ferry Ro City Morgantown FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code WV 26505-3352 C Occupation Ophthamologist Aggregate Year-to-Date 225.00 | Date of Receipt M M M / D D / 2 0 1 0 Transaction ID: 4903B3B6BA4CDD9C7FA Amount of Each Receipt this Period 25.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED |
| | SUBTOTAL of Receipts This Page (optional) | | 890.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 56 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | e name and ad | dress of any political committee to | on for the purpose of soliciting contributions |
| ∠ A . | Full Name (Last, First, Middle Initial) Matthew Reed Mailing Address 11800 Rock Landing I City Newport News | Or State VA | Zip Code 23606-4206 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | FEC ID number of contributing federal political committee. Name of Employer Self | Occupation Ophthan | | PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED |
| _ | Receipt For: Primary General Other (specify) ▼ | , ' ' | e Year-to-Date ▼ 900.00 | |
| В. | Full Name (Last, First, Middle Initial) Susan Jane Relf Mailing Address 5007 Matterhorn Dr | | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| | City Duluth FEC ID number of contributing federal political committee. | State MN | Zip Code 55811-3812 | Transaction ID: 4A19A845000085FD7912 Amount of Each Receipt this Period 50.00 |
| | Name of Employer Self Receipt For: Primary General Other (specify) ▼ | Occupation Ophthan Aggregate | | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| _ C. | Full Name (Last, First, Middle Initial) Karen Toth Repine Mailing Address 8381 Southpark Ln | | | Date of Receipt 0 9 1 6 2 0 1 0 |
| | City <u>Littleton</u> FEC ID number of contributing federal political committee. | State CO | Zip Code 80120-4508 | Transaction ID: C98A8C08C6229F50C85 Amount of Each Receipt this Period 365.00 |
| | Name of Employer Self Receipt For: Primary General Other (specify) ▼ | Occupation Ophthan Aggregate | | |
| | SUBTOTAL of Receipts This Page (optional) . | | | 515.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 57 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | | | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Α. | Full Name (Last, First, Middle Initial) James Rial Mailing Address 31455 Winterplace Pk | wy | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City Salisbury FEC ID number of contributing | State MD | Zip Code 21804-1891 | Transaction ID: E346BAF5C66577B0F09 Amount of Each Receipt this Period |
| | federal political committee. Name of Employer Self | Occupation | n | 500.00 |
| | Receipt For: Primary General Other (specify) | Ophtham Aggregate | ologist Year-to-Date ▼ 500.00 | |
| В. | Full Name (Last, First, Middle Initial) David Richardson Mailing Address 207 S Santa Anita Ave | 9 | | Date of Receipt |
| | Ste P25 City | State | Zip Code | 0 9 2 6 2 0 1 0 Transaction ID: 4115AB02D84508D4C1D |
| | San Gabriel FEC ID number of contributing federal political committee. Name of Employer | CA C Occupation | 91776-1145 | Amount of Each Receipt this Period 317.00 PACWEB RECURRING CC PAYME- |
| | Receipt For: Primary General Other (specify) | Ophtham | | NT APPROVED AND SETTLED |
| С. | Full Name (Last, First, Middle Initial) Michael Richie Mailing Address 1575 20th St NW | 1 | | Date of Receipt 0 9 0 1 2 0 1 0 |
| | Ste 101 City Faribault | State MN | Zip Code 55021-2931 | Transaction ID: 2A7EE0F9353D6105706 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Self | Occupation Ophtham | nologist | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | <u></u> | 1317.00 |
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| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 58 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| 7 | Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | e name and add | lress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Α . | Full Name (Last, First, Middle Initial) Jesse Rigsby Mailing Address 834 N Seminary St Ste 103 City Galesburg FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State IL C Occupation Ophtham Aggregate | | Date of Receipt M M M O D D O 2 D O 2 D O D O 2 D O D O D O D |
| _ B. | Full Name (Last, First, Middle Initial) Teresa Rosales Mailing Address 4100 Long Beach Blvo Ste 108 City Long Beach FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State CA C Occupation Ophtham | | Date of Receipt M M O 9 O 9 O 9 O 1 O 1 O 1 O 1 O 1 O 1 O 1 |
| | Full Name (Last, First, Middle Initial) J. Avery Rush Mailing Address 7308 Fleming Ave City Amarillo FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State TX C Occupation Ophtham Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y O 9 O 7 2 0 1 0 Transaction ID: C9A2DC450B2631A4C4I Amount of Each Receipt this Period 1000.00 |
| | SUBTOTAL of Receipts This Page (optional) | |] | 1066.67 |

| | E A (FEC Form 3X) RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE (check only 11a 13 | - | R: PAGE 59/107 11c 12 15 16 17 |
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| NAME OF C | copied from such Reports and Sal purposes, other than using the COMMITTEE (In Full) Academy of Ophthalmology | | y not be sold or used by any pers dress of any political committee to Il Committee (OPHTHPAC) | on for the purposolicit contrib | pose of sol outions fro | iciting contributions m such committee. |
| A. Juliet Ream F Mailing Addr City Ontario FEC ID num federal politic Name of Em Self Receipt For: Primar | ress 1050 SW 3rd Ave Ste 2200 siber of contributing cal committee. | State OR C Occupatio Ophtham Aggregate | | 0 9 | 0 ction ID: | 7 2010 27E7F054BA846D2F4B Receipt this Period 365.00 |
| Noel Saks Mailing Addr City Deerfield FEC ID num federal polition Name of Em Self Receipt For: Primar | | State IL C Occupatio Ophtham Aggregate | | 0 9 | 3 ction ID: | |
| Gohar Salam Mailing Addr City Fort Wayn FEC ID num federal politic Name of Em Self Receipt For: | de d | State IN C Occupatio Ophtham Aggregate | | 0 9 | 2 ction ID: | |
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| City Fremont Fremont NE 68025-7714 Amount of Eac FEC ID number of contributing federal political committee. Name of Employer Self Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Thomas Samuelson Mailing Address T10 E 24th St Ste 100 City Minneapolis FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist MN 55404-3897 FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date Transaction ID Amount of Eac Full Name (Last, First, Middle Initial) Aggregate Year-to-Date Transaction ID Amount of Eac Date of Receip Aggregate Year-to-Date Tull Name (Last, First, Middle Initial) John Saunders Mailing Address T711 Louis Pasteur Dr | om such committee. |
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| A. Steven Samuelson Mailing Address 2827 N Clarkson St City State Zip Code Fremont NE 68025-7714 FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ Primary General Other (specify) ▼ City State Zip Code Amount of Eac PACWEB REC NT APPROVE PACWEB REC NT APPROVE PACWEB REC NT APPROVE PACWEB REC NT APPROVE Date of Receip Transaction ID Amount of Eac PACWEB REC NT APPROVE Amount of Eac Cocupation Ophthamologist Amount of Eac Cocupation Ophthamologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date Pacwer Amount of Eac Date of Receip Amount of Eac Date of Receip Pacwer Pacwer Pacwer Amount of Eac Date of Receip Pacwer Pacwer | 2 2 2 2 2 0 1 0 49C4B98D95555DD55696 Receipt this Period 25.00 |
| B. Thomas Samuelson Mailing Address 710 E 24th St Ste 100 City State Zip Code Minneapolis FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) John Saunders Mailing Address 7711 Louis Pasteur Dr Date of Receip Transaction ID Amount of Eac Occupation Ophthamologist Aggregate Year-to-Date ▼ Pate of Receip Date of Receip Date of Receip | |
| C. John Saunders Mailing Address 7711 Louis Pasteur Dr | 1 0 |
| City State Zip Code Transaction ID San Antonio TX 78229-3421 Amount of Eac FEC ID number of contributing federal political committee. | 2 0 1 0 47CA8F1901CC233A1F17 Receipt this Period 25.00 RECURRING PAYM-ED AND SETTLED |
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| Any information copied from such Reports and Statements may not be sold or used or for commercial purposes, other than using the name and address of any political NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPI Full Name (Last, First, Middle Initial) Jean Schott Mailing Address 2209 S Memorial PI City State Zip Code | HTHPAC) |
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| Mailing Address 2209 S Memorial PI | Date of Passint |
| Uniter (Specify) | Date of Receipt M M M |
| Full Name (Last, First, Middle Initial) Loren Schrenk Mailing Address 12818 Tesson Ferry Rd Ste 201 City State Zip Code Saint Louis MO 63128-2945 FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For: Primary General Other (specify) Occupation Ophthamologist | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 4F75B626954E1A0DB39A Amount of Each Receipt this Period 25.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| Full Name (Last, First, Middle Initial) Joseph Schwartz Mailing Address 31455 Winterplace Pkwy City State Zip Code Salisbury MD 21804-1891 FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: Primary General Other (specify) Other (specify) | Date of Receipt M M D D 2 0 1 0 |
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| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 62 / 107 (check only one) X 11a |
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| Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | Statements may not be sold or used by any per name and address of any political committed and Political Committee (OPHTHPAC) | |
| Full Name (Last, First, Middle Initial) Halsey Settle Mailing Address 4207 James Casey St Ste 305 City Austin FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code TX 78745-1193 C Occupation Ophthamologist Aggregate Year-to-Date 300.00 | Date of Receipt M M M |
| Full Name (Last, First, Middle Initial) Gerald Shepps Mailing Address 150 Broadway Rm 1800 City New York FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code NY 10038-4351 C Occupation Ophthamologist Aggregate Year-to-Date 365.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) David Shulman Mailing Address 999 E Basse Rd Ste 127 City San Antonio FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code TX 78209-1802 C Occupation Ophthamologist Aggregate Year-to-Date 383.34 | Date of Receipt M M M |
| SUBTOTAL of Receipts This Page (optional) . | | 748.34 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 63 / 107 (check only one) X 11a |
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| Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | | |
| Full Name (Last, First, Middle Initial) Scott So Mailing Address 2100 Webster St Ste 214 City San Francisco FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code CA 94115-2375 C Occupation Ophthamologist Aggregate Year-to-Date ▼ | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) Alfred Solish Mailing Address 630 S Raymond Ave Unit 230 City Pasadena FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code CA 91105-3283 C Occupation Ophthamologist Aggregate Year-to-Date 225.00 | Date of Receipt M M D D 2 0 1 0 |
| Full Name (Last, First, Middle Initial) Gerald Spindel Mailing Address 6 Tsienneto Rd Ste 101 City Derry FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code NH 03038-1584 C Occupation Ophthamologist Aggregate Year-to-Date ▼ | Date of Receipt M M / D D / 2 4 2 0 1 0 Transaction ID: 4D1496A4A10D2CE6426 Amount of Each Receipt this Period 41.67 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| SUBTOTAL of Receipts This Page (optional) | | 166.67 |

| Mount Kisco FEC ID number of contributing federal political committee. Name of Employer Self Solution (Primary General Other (specify) ▼ | | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 64 / 107 (check only one) X 11a |
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| Mitchell Brian Stein Mailing Address 69 S Moger Ave City State Zip Code NY 10549-2217 FEC ID number of contributing federal political committee. Name of Employer General Orth (Last, First, Middle Initial) Wells Stowart Mailing Address 177 Parkwood Dr City State Zip Code NC 28621-2429 FEC ID number of contributing federal political committee. Part of Employer General Orth (Specify) ▼ Date of Receipt Tor: Primary General Orth (Specify) To | | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| B. Wells Stewart Mailing Address 177 Parkwood Dr City State Zip Code Elkin NC 28621-2429 FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ State Zip Code PA 17015-9129 FEC ID number of contributing federal political committee. C. Full Name (Last, First, Middle Initial) Drew Stoken Mailing Address 338 Alexander Spring Rd City State Zip Code PA 17015-9129 FEC ID number of contributing federal political committee. C. Name of Employer Solf Other (specify) ▼ State Zip Code PA 17015-9129 FEC ID number of contributing federal political committee. Name of Employer Self State Zip Code PA 17015-9129 FEC ID number of contributing federal political committee. Name of Employer Self State Zip Code PA 17015-9129 FEC ID number of contributing federal political committee. Name of Employer Self State Zip Code PA 17015-9129 FEC ID number of contributing federal political committee. Name of Employer Self State Zip Code PA 17015-9129 FEC ID number of contributing federal political committee. Name of Employer Self State Zip Code PA 17015-9129 FEC ID number of contributing federal political committee. Name of Employer Self State Zip Code PA 17015-9129 FEC ID number of contributing federal political committee. Name of Employer Self State Zip Code PA 17015-9129 FEC ID number of contributing federal political committee. Name of Employer State Zip Code Amount of Each Receipt Two Last Receipt Two L | A . | Mitchell Brian Stein Mailing Address 69 S Moger Ave City Mount Kisco FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General | Occupatio Ophtham | n nologist e Year-to-Date ▼ | Transaction ID: 4DE3A4D562BA053D3DE3 Amount of Each Receipt this Period 50.00 PACWEB RECURRING CC PAYME- |
| C. Drew Stoken Mailing Address 338 Alexander Spring Rd City State Zip Code Carlisle PA 17015-9129 FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | В. | Wells Stewart Mailing Address 177 Parkwood Dr City Elkin FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General | NC C Occupation Ophtham | 28621-2429 n nologist e Year-to-Date ▼ | Transaction ID: 44DFA1A5236D8158162C Amount of Each Receipt this Period 41.67 BATCH TOOL RECURRING PAYM- |
| SUPTOTAL of Receipts This Page (entional) | С. | Drew Stoken Mailing Address 338 Alexander Spring City Carlisle FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General | State PA C Occupatio Ophthan | n nologist e Year-to-Date ▼ | Transaction ID: 45DD9F472305586233EA Amount of Each Receipt this Period 50.00 |
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| SCHEDULE A (FEC | • | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 65 / 107 (check only one) X |
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| NAME OF COMMITTEE (I | n Full) | ay not be sold or used by any pers ddress of any political committee to al Committee (OPHTHPAC) | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middonald Stone Mailing Address 748 Tust City Edmond FEC ID number of contribut federal political committee. Name of Employer Self Receipt For: Primary Ger Other (specify) | State OK C Occupat Ophtha | Zip Code 73034-6786 ion mologist tte Year-to-Date ▼ 450.00 | Date of Receipt M M M O D D O Z 2 0 1 0 Transaction ID: 49F2BC4D3C65FDC9D1 Amount of Each Receipt this Period 50.00 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED |
| Full Name (Last, First, Midding Richard Storm Mailing Address 303 E F City Long Beach FEC ID number of contribut federal political committee. Name of Employer Self Receipt For: Primary Ger Other (specify) | State NY C Occupat Ophtha | Zip Code 11561-3600 ion mologist tte Year-to-Date ▼ 590.00 | Date of Receipt M M M |
| Ste 250 City Evansville FEC ID number of contribut federal political committee. Name of Employer Self Receipt For: | Columbia St State IN C Occupat Ophtha | Zip Code 47710-1782 ion mologist tte Year-to-Date ▼ 312.50 | Date of Receipt M M M / D D D 2 2 0 1 0 Transaction ID: D1C13523F24DE73D428 Amount of Each Receipt this Period 187.50 |
| SUBTOTAL of Receipts This | Page (optional) | | 262.50 |

| ľ | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 66 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | | | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) Shigemi Sugiki Mailing Address 1380 Lusitana St Ste 714 City Honolulu FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State HI C Occupatio Ophtham Aggregate | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| В. | Full Name (Last, First, Middle Initial) Stephanie Sugin Mailing Address 1201 W Main St Ste 100 City Waterbury FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State CT C Occupatio Ophtham Aggregate | | Date of Receipt M M / D D / 2 0 1 0 Transaction ID: 4E9DA11F0E57670442EE Amount of Each Receipt this Period 25.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| _ С. | Full Name (Last, First, Middle Initial) Steven Swedberg Mailing Address 21827 76th Ave W Ste 102 City Edmonds FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State WA C Occupatio Ophtham Aggregate | | Date of Receipt M M / D D / Y Y Y Y Y O 9 1 0 2 0 1 0 Transaction ID: 413C9EFD26EC0FE80E7 Amount of Each Receipt this Period 83.34 BATCH TOOL RECURRING PAYM-ENT APPROVED AND SETTLED |
| | SUBTOTAL of Receipts This Page (optional) | | | 208.34 |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 67 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | tatements may not be sold or used by any per name and address of any political committee Inc Political Committee (OPHTHPAC) | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Leiv Takle, Jr. Mailing Address 109 Maddoxwoods Dr City Griffin FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code GA 30224-5297 C Occupation Ophthamologist Aggregate Year-to-Date ▼ | Date of Receipt 0 9 0 1 2 0 1 0 Transaction ID: 7E6B8BECFEAB393EEF Amount of Each Receipt this Period 365.00 |
| Full Name (Last, First, Middle Initial) Gary Tanner Mailing Address 10 Jacobs Ln City Newport News FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: | State Zip Code VA 23606-2815 C Occupation Ophthamologist Aggregate Year-to-Date ▼ | Date of Receipt M M D D 2 9 2 0 1 0 |
| Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Donald Texada Mailing Address 1501 Kings Hwy PO Box 33932 City Shreveport FEC ID number of contributing federal political committee. Name of Employer Self | State Zip Code LA 71103-4228 C Occupation Ophthamologist | Date of Receipt M M / D D / Y Y Y Y Y 0 9 1 3 2 0 1 0 Transaction ID: 64EA4658F8DAF14F8F6 Amount of Each Receipt this Period 500.00 |
| Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) | Aggregate Year-to-Date ▼ 500.00 | 915.00 |

| Sioux Falls SD 57105-1501 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For: Primary General Other (specify) ▼ State Zip Code Scottsdale FEC ID number of contributing federal political committee. Name of Employer State Zip Code AZ 85258-4527 FEC ID number of contributing federal political committee. Name of Employer Self Occupation Ophthamologist Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ State Zip Code AZ 85258-4527 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ BATCH TOOL RECURRING PAYM-ENT APPROVED AND SETTLED Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) | | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 68 / 107 (check only one) X |
|---|------------|--|--------------------|---|--|
| A. Vance Michael Thompson Mailling Address 1310 W 22nd St City Sioux Falls SD 57105-1501 FEC ID number of contributing federal political committee. Name of Employer Sale 10 State Zip Code Sift Seelpt For: Pinnary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Sale of Employer Self D number of contributing federal political committee. Date of Receipt To State Zip Code AZ 85259-4527 FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: Coupation Ophthamologist Transaction ID: 4648B9F35D9E804E85 Amount of Each Receipt Receipt For: Socottsdale AZ 85259-4527 FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: Pinnary General Ophthamologist Receipt For: Pinnary General Ophthamologist State Zip Code VA 24014-1310 FEC ID number of contributing federal political committee. C. State Zip Code VA 24014-1310 FEC ID number of contributing federal political committee. C. Mailing Address 3320 Franklin Rd SW City State Zip Code VA 24014-1310 FEC ID number of contributing federal political committee. C. State Zip Code VA 24014-1310 FEC ID number of contributing federal political committee. C. State Zip Code VA 24014-1310 FEC ID number of contributing federal political committee. C. State Zip Code VA 24014-1310 FEC ID number of contributing federal political committee. C. State Zip Code VA 24014-1310 FEC ID number of contributing federal political committee. C. State Zip Code VA 24014-1310 FEC ID number of contributing federal political committee. C. State Zip Code VA 24014-1310 FEC ID number of contributing federal political committee. C. State Zip Code VA 24014-1310 FEC ID number of contributing federal political committee. C. State Zip Code VA 24014-1310 FEC ID number of contributing federal political committee. C. State Zip Code VA 24014-1310 FEC ID number of contributing federal political committee. C. State Zip Code VA 24014-1310 FEC ID number of contributing federal political committee. C. S | | or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) | e name and ad | dress of any political committee t | son for the purpose of soliciting contributions o solicit contributions from such committee. |
| Name of Employer Self | A . | Vance Michael Thompson Mailing Address 1310 W 22nd St City | | • | M M M O D O D O D O D O D O D O D O D O |
| Primary General Gen | | federal political committee. Name of Employer Self | Occupation Ophthan | nologist | 500.00 |
| B. Randall Tozer Mailing Address 9811 N 95th St Ste 101 City State Zip Code FEC ID number of contributing federal political committee. Pull Name (Last, First, Middle Initial) Kenneth Tuck Mailing Address 3320 Franklin Rd SW City State Zip Code Primary General Other (specify) ▼ State Zip Code AZ 85258-4527 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Amount of Each Receipt His Period FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: 4648B9F35D9E804E85 Amount of Each Receipt this Period BATCH TOOL RECURRING PAYM-ENT APPROVED AND SETTLED Date of Receipt Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 50BC525B9C2AA457Bs Amount of Each Receipt this Period Transaction ID: 50BC525B9C2AA457Bs Amount of Each Receipt this Period Transaction ID: 50BC525B9C2AA457Bs Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General | _ | Primary General Other (specify) ▼ | Aggregate | | |
| FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: | B. | Randall Tozer Mailing Address 9811 N 95th St Ste 101 City | | • | 0 9 0 3 2 0 1 0 Transaction ID: 4648B9F35D9E804E853E |
| Primary General Other (specify) ▼ State Zip Code Transaction ID: 50BC525B9C2AA457B9 Roanoke VA 24014-1310 Amount of Each Receipt this Period | | FEC ID number of contributing federal political committee. Name of Employer | C | n | 41.67 BATCH TOOL RECURRING PAYM- |
| C. Kenneth Tuck Mailing Address 3320 Franklin Rd SW City State Zip Code Roanoke VA 24014-1310 FEC ID number of contributing federal political committee. Name of Employer Self Primary General Other (specify) ▼ CU SUBTICITAL of Receipt Transaction ID: 50BC525B9C2AA457B9 Amount of Each Receipt this Period Transaction ID: 50BC525B9C2AA457B9 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ 906.67 | _ | Primary General | Aggregate | | |
| Roanoke VA 24014-1310 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self Ophthamologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 906.67 | C. | Kenneth Tuck Mailing Address 3320 Franklin Rd SW | | | 09 15 / Y Y Y Y |
| Self Ophthamologist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00 | | Roanoke FEC ID number of contributing | VA | • | Amount of Each Receipt this Period |
| SUBTOTAL of Receipts This Page (optional) | | Receipt For: Primary General | Ophthan | nologist e Year-to-Date ▼ | |
| | | SUBTOTAL of Receipts This Page (optional) . | | | 906.67 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 69 / 107 (check only one) X |
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| A or | ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may e name and add | y not be sold or used by any person dress of any political committee to | |
| | American Academy of Ophthalmology | / Inc Politica | I Committee (OPHTHPAC) | |
| ۱. | Full Name (Last, First, Middle Initial) Mark Reid Tucker | | | Date of Receipt |
| | Mailing Address 3368 Highway 280 Ste 215 | | | 09 01 2010 |
| | City | State | Zip Code | Transaction ID: 7783D048F31EAE2EC |
| | Alexander City | AL | 35010-3375 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Self | Occupatio Ophtham | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| | Full Name (Last, First, Middle Initial) Jonathan Walker | | | Date of Receipt |
| | Mailing Address 7900 W Jefferson Blvd Ste 300 | d | | 09 28 2010 |
| | City | Zip Code | Transaction ID: 5A494412A217FD5808 | |
| | Fort Wayne | <u>IN</u> | 46804-4128 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 1000.00 |
| | Name of Employer Self | Occupatio Ophtham | | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 1000.00 | |
| _ | Full Name (Last, First, Middle Initial) R. Bruce Wallace, III | | | Date of Receipt |
| | Mailing Address 4110 Parliament Dr | | | 09 21 2010 |
| | City | State | Zip Code | Transaction ID: 67D52FB9B6DC533B4 |
| | Alexandria | LA | 71303-2787 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 500.00 |
| | Name of Employer Self | Occupatio Ophtham | | |
| | Receipt For: | Aggregate | e Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 500.00 | |
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| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 70 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|------------|--|--|---|--|
| 7 | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | name and ad | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) Thomas Peter Ward Mailing Address 18 Old Stone Xing City West Hartford FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State CT C Occupatio Ophtham Aggregate | | Date of Receipt M M M / D D / 2010 Transaction ID: 48FAABADBB419E36183E Amount of Each Receipt this Period 50.00 PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED |
| В. | Full Name (Last, First, Middle Initial) Keith Warren Mailing Address 10100 W 119th St Ste 260 City Overland Park FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State KS C Occupatio Ophtham Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y O 9 1 5 2 0 1 0 Transaction ID: 6F844586D8F0700C0FB Amount of Each Receipt this Period 500.00 |
| _ С. | Full Name (Last, First, Middle Initial) L. Andrew Watkins Mailing Address 427 W 20th St Ste 100 City Houston FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State TX C Occupatio Ophtham Aggregate | | Date of Receipt M M O 9 O 8 2 0 1 0 Transaction ID: 454D892C77FFC871A824 Amount of Each Receipt this Period 50.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| | SUBTOTAL of Receipts This Page (optional) | | | 600.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 71 / 107 (check only one) X |
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| | Any information copied from such Reports and Sta or for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In | ame and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) Aaron Weingeist Mailing Address 3934 S Americus St City Seattle FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State WA C Occupation Ophtham Aggregate | | Date of Receipt M M O D D D D D D D D D D D D D D D D D |
| В. | Full Name (Last, First, Middle Initial) Howard Weiss Mailing Address 6003 Corbin Road City Bethesda FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State MD C Occupation Ophtham Aggregate | | Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| c. | Full Name (Last, First, Middle Initial) Barry Welch Mailing Address 424 Yellowstone Ave Ste 110 City Cody FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State WY C Occupation Ophtham Aggregate | | Date of Receipt M M M D D D 2 9 2 0 1 0 |
| | SUBTOTAL of Receipts This Page (optional) | | | 498.34 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 72 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any persite name and address of any political committee to you Inc Political Committee (OPHTHPAC) | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Kent Lewis Wellish Mailing Address 2110 E Flamingo Rd Ste 210 City Las Vegas FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code NV 89119-5193 C Occupation Ophthamologist Aggregate Year-to-Date 1000.00 | Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: AE36CDFB7908966EFC Amount of Each Receipt this Period 1000.00 |
| Full Name (Last, First, Middle Initial) John Wells, III Mailing Address 124 Sunset Ct City West Columbia FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code SC 29169-2429 C Occupation Ophthamologist Aggregate Year-to-Date 1800.00 | Date of Receipt M M |
| Full Name (Last, First, Middle Initial) Amy Wexler Mailing Address 509 S Lenola Rd Ste 11 City Moorestown FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State Zip Code NJ 08057-1556 C Occupation Ophthamologist Aggregate Year-to-Date ▼ 725.00 | Date of Receipt M M D D Z Z D D |
| SUBTOTAL of Receipts This Page (optional) | | 1125.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 73 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| , | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | | | son for the purpose of soliciting contributions o solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) Richard Wieder | | | Date of Receipt |
| | Mailing Address 11188 Tesson Ferry F Ste 100 | ₹d | | 09 23 2010 |
| | City | State | Zip Code | Transaction ID: 1DC3DF604F9F7572E80 |
| | Saint Louis FEC ID number of contributing federal political committee. | C | 63123-6962 | Amount of Each Receipt this Period 375.00 |
| | Name of Employer Self | Occupation Ophthan | | |
| | Receipt For: Primary General Other (specify) ▼ | , ' · · · · · · · · · · · · · · · · · · | e Year-to-Date ▼ 500.00 | |
| В. | Full Name (Last, First, Middle Initial) Kai Wong Mailing Address 2323 16th St | | | Date of Receipt |
| | Mailing Address 2323 16th St Mercy Medical Plaza, | Ste 501 | | 09 27 2010 |
| | City | State | Zip Code | Transaction ID: 2BF40F2B311281D18E6 |
| | Bakersfield FEC ID number of contributing federal political committee. | CA | 93301-3454 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Self | Occupation Ophthan | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| С. | Full Name (Last, First, Middle Initial) Keye Luc Wong | | | Date of Receipt |
| | Mailing Address 45 Sandy Cove Road | | | 09 30 Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: C46FEF97-CFF0-4440- |
| | Sarasota | FL | 34242 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 500.00 |
| | Name of Employer Self | Occupation Ophthan | nologist | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1500.00 | |
| | SUBTOTAL of Receipts This Page (optional) . | | | 1375.00 |
| | TOTAL This Period (last page this line number | r only) | | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 74 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) John Wood Mailing Address 375 Hershberger Rd City Roanoke FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State VA C Occupatio Ophtham Aggregate | | Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: B2168FB46F1B0D40728 Amount of Each Receipt this Period 300.00 |
| В. | Full Name (Last, First, Middle Initial) Lyn Yakubov Mailing Address 10 Dutton Dr Eye Care Assoc Inc City Youngstown FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State OH C Occupatio Ophtham Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y 1 7 2 0 1 0 Transaction ID: 4E9681F77F0B8E270F7 Amount of Each Receipt this Period 25.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| _ C. | Full Name (Last, First, Middle Initial) Perry Younger Mailing Address 1626 Getty Ave Apt B City Indiana FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State PA C Occupation Ophtham Aggregate | | Date of Receipt M M / D D / Y Y Y Y O 9 O 7 2 0 1 0 Transaction ID: D77392E977E32309CFC Amount of Each Receipt this Period 365.00 |
| | SUBTOTAL of Receipts This Page (optional) | | | 690.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 75 / 107 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | name and add | dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) Carol Ziel Mailing Address 2025 Frontis Plaza Blvd Ste 100 City Winston Salem FEC ID number of contributing federal political committee. Name of Employer Self | State NC C Occupatio Ophtham | nologist | Date of Receipt M M M / D D / 2 0 1 0 Transaction ID: 4D2883A2BB5E35CE7CD8 Amount of Each Receipt this Period 50.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 658.35 | |
| В. | Full Name (Last, First, Middle Initial) Carol Ziel Mailing Address 2025 Frontis Plaza Blvd Ste 100 City Winston Salem FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) ▼ | State NC C Occupatio Ophtham | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| C. | Full Name (Last, First, Middle Initial) Harry Zink Mailing Address 3519 Friendsville Rd City Wooster FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify) | State OH C Occupatio Ophtham Aggregate | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | SUBTOTAL of Receipts This Page (optional) | | | 175.00 |
| | TOTAL This Period (last page this line number of | only) | l | 49355.30 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 76 / 107 (check only one) 11a 11b 11c 12 13 14 15 X 16 17 |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the | | | |
| | NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | Inc Politica | I Committee (OPHTHPAC) | |
| Α. | Full Name (Last, First, Middle Initial) Mission Pac Mailing Address 1831 Bay St SE | | | Date of Receipt |
| | City Washington | State DC | Zip Code 20003 | Transaction ID: B581A5F23281041AD1D Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 2500.00 |
| | Name of Employer | Occupation | n | Refund of contribution |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 2500.00 |] |

| SUBTOTAL of Receipts This Page (optional) | • | 2500.00 |
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| TOTAL This Period (last page this line number only) | <u> </u> | 2500.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 77 / 107 (check only one) 11a 11b 11c 12 13 14 15 16 17 17 |
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| Any information copied from such Reports and S or for commercial purposes, other than using the | son for the purpose of soliciting contributions o solicit contributions from such committee. | |
| NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | Inc Political Committee (OPHTHPAC) | |
| Full Name (Last, First, Middle Initial) Bank of America Mailing Address 101 S Marengo Avenu 3rd Floor | ie | Date of Receipt 0 9 3 0 2 0 1 0 |
| City Pasadena FEC ID number of contributing federal political committee. | State Zip Code CA 91101 | Transaction ID: 586B5502BC47B11CBC6 Amount of Each Receipt this Period 136.55 |
| Name of Employer Receipt For: Primary General Other (specify) ▼ | Occupation Aggregate Year-to-Date ▼ 1588.83 | CD interest - Sep 2010 |

| SUBTOTAL of Receipts This Page (optional) | • | 136.55 |
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| TOTAL This Period (last page this line number only) | | 136.55 |

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SCHEDULE B (FEC Form 3X)

District:

FOR LINE NUMBER: PAGE 78 / 107 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Transaction ID: 1ABE52F2D6C91B1DF04 Wells Fargo Bank N.A. Date of Disbursement 3 Ŏ 0 9 2010 Mailing Address PO Box 63020 City State Zip Code Amount of Each Disbursement this Period San Francisco CA 94163 979.92 Purpose of Disbursement Bank charges - Sep 2010 001 Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 3D4CA3709150DFC13A9 Wells Fargo Bank N.A. Date of Disbursement 3 Ŏ 0 9 2010 Mailing Address PO Box 63020 City State Zip Code Amount of Each Disbursement this Period San Francisco 94163 CA 364.63 Purpose of Disbursement AMEX discount - Sep 2010 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President

| | | 1044.55 |
|---|-------------|---------|
| SUBTOTAL of Disbursements This Page (optional) | > | 1344.55 |
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| TOTAL This Period (last page this line number only) | • | 1344.55 |

Other (specify)

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| SCHEDULE B (FEC FOIII 3X) | | | , I (| Use separate schedule(s) | | | | eck only | NUMBER: PAGE 79 / 107 vone) | | | | | | |
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| 1 \ | NAME OF COMMITTE American Academy | , , | logy Inc Pol | itical C | ommittee (OP | HTH | НРА | C) | | | | | | | |
| | Full Name (Last, First, I A Lot of People Who | , | Bingaman | | | | | | Date | of Disk | ourser | | | | |
| Ī | Mailing Address P(| Box 16210 | | | | | | | 0 9 | M / | ^D 28 | B / L | ž | 0 Í 0 | T |
| | City Albuquerque | | Stat NM | | Zip Code 87191 | | | | Amou | ınt of E | Each [| Disburs | ement | this P | eriod |
| (| Purpose of Disburseme Contribution 2010 GEN | | | | | | 011 | | L. | | | | 100 | 00.00 | |
| • | Candidate Name Jeff Bingaman | | | | | | atego Type | - | | | | | | | |
| | X | House Senate President | | nt For: mary her (spe | 2010 X General cify) ▼ | | | | | | | | | | |
| | State: NM Distriction District | | | | | | | | Trons | actic | a IDı | 5045 | 0 50/ | 10210 | 2221 |
| | Becerra for Congres | | | | | | | | | of Disk | ourser | nent | | | |
| Ī | Mailing Address PO Box 261060 | | | | | | | | 0 9 | | ^D 1 (| <u>ס</u> ר | 2 | 0 1 0 | |
| | City Los Angeles | | Stat CA | | Zip Code 90026 | | | | Amou | ınt of E | Each [| Disburs | | | eriod |
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| | Candidate Name Xavier Becerra | | | | | | atego Type | | | | | | | | |
| | | House Senate President | | nt For: mary her (spe | 2010 X General cify) ▼ | | | | | | | | | | |
| | Full Name (Last, First, I | , | | | | | | | Trans | actio | n ID: | 9366 | 9-518 | 88714 | 8618 |
| _ | Benishek for Congre | | | | | | | | М | of Disk | | | Y Y | 0 1 0 | Υ |
| | Mailing Address 802 Pentoga Trail | | | | | | | | 0 9 | | | | - | | |
| (| City Crystal Falls | | Stat MI | e | Zip Code 49920 | | | | Amou | int of E | Each [| Disburs | - | | eriod |
| (| Purpose of Disbursement Contribution 2010 GENERAL | | | | | | 011 | | | | | | 500 | 00.00 | |
| | Candidate Name Daniel J. Benishek | | | | | | atego Type | | | | | | | | |
| | | House Senate President | | nt For: mary her (spe | 2010 X General cify) ▼ | | _ | | | | | | | | |
| ; | State: MI Distr | rict: 01 | | | | | | | | | | | | | |

| Any Information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Full Name (Last, First, Middle Initial) Bera for Congress | name and address of an | y of the ry Page 21b 27 21d or used by any person | 22 X 23 24 25 29 30 28a 28b 28c 29 30 for the purpose of soliciting contributions |
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| or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Full Name (Last, First, Middle Initial) | name and address of an | ld or used by any person | for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Full Name (Last, First, Middle Initial) | | y political committee to so | Dicit contributions from such committee |
| American Academy of Ophthalmology Full Name (Last, First, Middle Initial) | Inc Political Commit | | |
| | | tee (OPHTHPAC) | |
| | | | Transaction ID: 74726-23865908384 Date of Disbursement |
| Mailing Address Post Office Box 582 | 496 | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City Elk Grove | State Zip Co CA 9575 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Contribution 2010 GENERAL Candidate Name | | 011 Category/ | 5000.00 |
| Ameriash Bera | | Туре | |
| Office Sought: X House Dis Senate President | | 010 General | |
| State: CA District: 03 | | | |
| Full Name (Last, First, Middle Initial) Betty Sutton for Congress | | | Transaction ID: 94606-65844362974 Date of Disbursement |
| Mailing Address 1700 W Market St # | 155 | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City Akron | State Zip Co OH 4431 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Contribution 2010 GENERAL | | 011 | 2000.00 |
| Candidate Name Betty Sue Sutton | | Category/ Type | |
| Office Sought: X House Senate President | | 010 General | |
| State: OH District: 13 | | | |
| Full Name (Last, First, Middle Initial) Bill Cassidy for Congress | | | Transaction ID: 50636-00965517759 Date of Disbursement |
| Mailing Address 8550 United Plaza B Suite 1001 | | | 09 7 10 7 2010 |
| City Baton Rouge | State Zip Co LA 7080 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement 2010 GENERAL | | 011 | 2000.00 |
| Candidate Name William Cassidy | | Category/ Type | |
| Office Sought: X House Dis Senate President | | 010 General | |
| State: LA District: 06 | | | |
| SUBTOTAL of Disbursements This Page (option | onal) | | 9000.00 |

| | CHEDULE B (FEC FOIII 3X) | Use separate schedule | | FOR LINE NUMBER: PAGE 81 / 107 (check only one) | | | | | |
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| | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 9 | 21b 27 | 22 X 23 24 25 28a 28b 28c 29 | | | | |
| | y Information copied from such Reports and S for commercial purposes, other than using the | | | | | | | | |
| | NAME OF COMMITTEE (In Full) American Academy of Ophthalmolog | y Inc Political Committee (C | PHT | HPAC) | | | | | |
| <u>/</u> | Full Name (Last, First, Middle Initial) Blaine for Congress 2010 | | | | Transaction ID: 94606-2381402850 Date of Disbursement | | | | |
| | Mailing Address PO Box 25 | | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | | |
| | City Holts Summit | State Zip Code MO 65043 | | | Amount of Each Disbursement this Period | | | | |
| | Purpose of Disbursement 2010 GENERAL | | \Box | 011 | 1000.00 | | | | |
| | Candidate Name W. Blaine Luetkemeyer | | C | ategory/ Type | | | | | |
| | Senate President | sbursement For: 2010 Primary X Genera Other (specify) ▼ | I | | | | | | |
| | State: MO District: 09 Full Name (Last, First, Middle Initial) | | | | Transaction ID: 04000 0000000000 | | | | |
| | Blumenthal for Senate | | | | Transaction ID: 94606-9928399920 Date of Disbursement | | | | |
| | Mailing Address 777 Summer Street | | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | | |
| | City Stamford | State Zip Code CT 06901 | | | Amount of Each Disbursement this Period | | | | |
| | Purpose of Disbursement Contribution 2010 GENERAL | | | 011 | 5000.00 | | | | |
| | Candidate Name Richard Blumenthal | | | ategory/ Type | | | | | |
| | X Senate President | Sbursement For: 2010 Primary X Genera Other (specify) ▼ | l | | | | | | |
| | State: CT District: Full Name (Last, First, Middle Initial) | | | | Transaction ID: 50450-4887353777 | | | | |
| | Bob Etheridge for Congress Committee | ee | | | Date of Disbursement | | | | |
| | Mailing Address Post Office Box 280 PO Box 28001 | 01 | | | $\begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 1 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 & 1 \\ 0 & 0 & 0 \end{bmatrix}$ | | | | |
| | City Raleigh | State Zip Code NC 27611 | | | Amount of Each Disbursement this Period | | | | |
| | Purpose of Disbursement 2010 GENERAL | | | 011 | 1500.00 | | | | |
| | Candidate Name Bob Etheridge | | C | ategory/ Type | | | | | |
| | | sbursement For: 2010 Primary X Genera | -! | 71 | - | | | | |
| | President State: NC District: 02 | Other (specify) | | | | | | | |

| Detailed Summary Page | SCHEDULE B (FEC Form 3X | Use separate schedule(s) | FOR LINE NUMBER: PAGE 82 / 10 (check only one) | | | | |
|---|---|--|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Bucshon for Congress Mailing Address PO Box 250 City Newburgh Number of Disbursement Contribution 2010 GENERAL Candidate Name Eric I. Cantlor Office Sought: X House Schate Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Eric I. Cantlor Office Sought: X House Schate President State: VA District: 07 Full Name (Last, First, Middle Initial) Chad Causey for Congress Mailing Address PO Box 16966 City State Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Eric I. Cantlor Office Sought: X House Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Eric I. Cantlor Office Sought: X House Purpose of Disbursement Chark Mame Candidate Name Candidate Name Candidate Name Candidate Name Candidate Name Candidate Name Chark Causey Office Sought: X House Purpose of Disbursement Chark Causey Office Sought: X House Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Chark Causey Office Sought: X House Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Chark Causey Office Sought: X House Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Chark Causey Office Sought: X House Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Chark Causey Office Sought: X House Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Chark Causey Office Sought: X House Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Chark Causey Office Sought: X House Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Chark Causey Office Sought: X House Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Chark Causey Office Sought: X House Purpose of Disbursement Category Categ | | Detailed Summary Page | 27 | 28a 28b 28c 29 30 | | | |
| NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) Full Name (Last, First, Middle Initial) Bucshon for Congress Mailing Address PO Box 250 City State Zip Code IN 47629 Purpose of Disbursement Contribution 2010 GENERAL Cancidate Name Larry D. Bucshon Office Sought: X House Senate President State: IN District: 08 Full Name (Last, First, Middle Initial) Cantor for Congress Mailing Address PO Box 17813 City State Zip Code Primary X General Other (specify) ▼ Transaction ID: 93669-91601198 Amount of Each Disbursement this Per Date of Disbursement For: 2010 Transaction ID: 93669-73226565 Date of Disbursement Office Sought: X House Senate President State: IN District: 08 Full Name (Last, First, Middle Initial) Cantor for Congress Mailing Address PO Box 17813 City State Zip Code VA 23226 Purpose of Disbursement Office Sought: X House Senate President State: VA District: 07 Full Name (Last, First, Middle Initial) Chad Causey for Congress Mailing Address PO Box 16966 City State Zip Code AR 72403 Purpose of Disbursement Office Sought: X House Senate President State: VA District: 07 Full Name (Last, First, Middle Initial) Chad Causey for Congress Mailing Address PO Box 16966 City State Zip Code AR 72403 Purpose of Disbursement Office Sought: X House Senate President Office Sought: X General Office Sought: X House Senate President Office Sought: X General Office Sought: X General President Office Sought: X General Office Sought: X General President Office Sought: X | | | | | | | |
| Bucshon for Congress Mailing Address PO Box 250 City State Zip Code Newburgh IN 47629 Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Larry D. Bucshon Office Sought: State IN District: 08 Full Name (Last, First, Middle Initial) Cantor for Congress Mailing Address PO Box 17813 City State Zip Code Primary X General Other (specify) ▼ State: IN District: 08 Full Name (Last, First, Middle Initial) Cantor for Congress Mailing Address PO Box 17813 City State Zip Code NA 23226 Purpose of Disbursement Contribution 2010 General Candidate Name Eric I. Cantor Office Sought: X House Disbursement For: 2010 Primary General Other (specify) ▼ Transaction ID: 93669-73226565 Date of Disbursement In Primary Disbursement For: 2500.00 Amount of Each Disbursement In Primary Seneral Other (specify) ▼ Transaction ID: 74726-92657107 Date of Disbursement In Primary Date of | NAME OF COMMITTEE (In Full) | | | | | | |
| City Newburgh IN 47629 Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Larry D. Bucshon Office Sought: Senate President Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Contribution 2010 General Candidate Name City Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Contribution 2010 General Candidate Name Frict Other (specify) ▼ Full Name (Last, First, Middle Initial) Chad Causey for Congress Mailing Address PO Box 16966 City State VA District: 07 Full Name (Last, First, Middle Initial) Chad Causey for Congress Mailing Address PO Box 16966 City State VA District: 07 Full Name (Last, First, Middle Initial) Chad Causey for Congress Mailing Address PO Box 16966 City State Zip Code AR 72403 Purpose of Disbursement Contribution 2010 General Other (specify) ▼ Transaction ID: 93669-732265655 Date of Disbursement Initial Chad Causey for Congress Transaction ID: 93669-732265655 Date of Disbursement Initial Chad Causey for Congress Transaction ID: 74726-92657107 Date of Disbursement Initial Chad Causey for Congress Amount of Each Disbursement Tor: 2010 Tother (specify) ▼ Transaction ID: 74726-92657107 Date of Disbursement Initial Chad Causey for Congress Transaction ID: 74726-92657107 Date of Disbursement Initial Chad Causey for Congress Transaction ID: 74726-92657107 Date of Disbursement Initial Chad Causey for Congress Category (Specific Initial Chad Causey for Congress (State Zip Code AR 72403) Transaction ID: 74726-92657107 Date of Disbursement Initial Chad Causey for Congress (State Zip Code AR 72403) Transaction ID: 74726-92657107 Date of Disbursement Initial Chad Causey for Congress (State Zip Code AR 72403) Transaction ID: 74726-92657107 Date of Disbursement Initial Chad Causey (Specific Initial Chad C | | | | Transaction ID: 93669-916011989116 Date of Disbursement | | | |
| Newburgh Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Larry D. Bucshon Office Sought: | Mailing Address PO Box 250 | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$ | | | |
| Contribution 2010 GENERAL Candidate Name Larry D. Bucshon Office Sought: | | | | Amount of Each Disbursement this Period | | | |
| Larry D. Bucshon Office Sought: X House | | | 011 | 5000.00 | | | |
| Senate President State: IN District: 08 Full Name (Last, First, Middle Initial) Cantor for Congress Mailing Address PO Box 17813 City State Zip Code VA 23226 Purpose of Disbursement Contribution 2010 General Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Candidate Name Eric I. Cantor Confice Sought: X House Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Chad Causey for Congress Mailing Address PO Box 16966 City Jonesboro AR 72403 Purpose of Disbursement Contribution 2010 GeNERAL Candidate Name Chad Causey Office Sought: X House Primary X General Category/Type Office Sought: V Y Y Y O 1 O V Y O 1 O V Y Y O 1 O V Y O 1 O V Y Y O 1 O V | | | | | | | |
| Full Name (Last, First, Middle Initial) Cantor for Congress Mailing Address PO Box 17813 City State Zip Code Purpose of Disbursement Contribution 2010 General Candidate Name Eric I. Cantor Office Sought: X House Primary X General Chad Causey for Congress Mailing Address PO Box 16966 City State Zip Code VA 23226 Primary X General Other (specify) ▼ Transaction ID: 93669-73226565 Date of Disbursement 0 1 1 1 | Senate | Primary X General | | | | | |
| Cantor for Congress Mailing Address PO Box 17813 City State Zip Code Richmond VA 23226 Purpose of Disbursement Contribution 2010 General Candidate Name Eric I. Cantor Office Sought: X House Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Chad Causey for Congress Mailing Address PO Box 16966 City State Zip Code AR 72403 Purpose of Disbursement For: 2010 Trype Transaction ID: 74726-92657107 Date of Disbursement Mailing Address PO Box 16966 City State Zip Code AR 72403 Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Chad Causey Office Sought: X House Disbursement For: 2010 Senate Primary X General Other (specify) ▼ Other (specify) ▼ Category/ Type Disbursement For: 2010 Senate Primary X General Other (specify) ▼ Other (specify) ▼ City State Zip Code AR 72403 Amount of Each Disbursement this Permanagement For: 2010 Senate Primary X General Other (specify) ▼ | | | | | | | |
| City State Zip Code VA 23226 Purpose of Disbursement Contribution 2010 General Candidate Name Eric I. Cantor Office Sought: X House Senate President President Causey for Congress Mailing Address PO Box 16966 City Jonesboro AR 72403 Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Chad Causey Other (specify) ▼ Amount of Each Disbursement this Per 2500.00 Transaction ID: 74726-92657107 Date of Disbursement Office Sought: X House State Zip Code AR 72403 Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Chad Causey Office Sought: X House Senate Primary X General Other (specify) ▼ Office Sought: X House Senate Primary X General Other (specify) ▼ | , | | | | | | |
| Richmond VA 23226 Purpose of Disbursement Contribution 2010 General 2500.00 Candidate Name Eric I. Cantor | Mailing Address PO Box 17813 | | | $\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix}$ | | | |
| Purpose of Disbursement Contribution 2010 General Candidate Name Eric I. Cantor Office Sought: | | | | Amount of Each Disbursement this Period | | | |
| Candidate Name Eric I. Cantor Office Sought: X House Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) Chad Causey for Congress Mailing Address PO Box 16966 City State Zip Code AR 72403 Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Chad Causey Office Sought: X House Senate Primary X General Other (specify) ▼ Transaction ID: 74726-92657107 Date of Disbursement Mo 9 M / D 2 8 / Y 2 0 1 0 Y Amount of Each Disbursement this Percent Category/ Type Office Sought: X House Senate Primary X General Other (specify) ▼ Office Sought: X House Other (specify) ▼ | • | | 011 | 2500.00 | | | |
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| Full Name (Last, First, Middle Initial) Chad Causey for Congress Mailing Address PO Box 16966 City State Zip Code Jonesboro AR 72403 Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Chad Causey Office Sought: X House Senate President Disbursement For: 2010 Primary X General Other (specify) Other (specify) Other (specify) | Senate President | Primary X General | | | | | |
| City State Zip Code Jonesboro AR 72403 Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Chad Causey Office Sought: X House Senate Primary X General President Other (specify) ▼ Amount of Each Disbursement this Per 2500.00 Category/ Type Other (specify) ▼ | Full Name (Last, First, Middle Initial) | | | Transaction ID: 74726-92657107114 Date of Disbursement | | | |
| Jonesboro Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Chad Causey Office Sought: X House Senate President Disbursement For: Primary X General Other (specify) Other (specify) PT 2500.00 25 | Mailing Address PO Box 16966 | | | $\begin{bmatrix}\begin{smallmatrix}M&9&M\\0&9&\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&2&8\\2&8&\end{smallmatrix}]/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&1&0\end{smallmatrix}$ | | | |
| Contribution 2010 GENERAL Candidate Name Chad Causey Office Sought: X House Senate President Disbursement For: Primary X General Other (specify) | | | | Amount of Each Disbursement this Period | | | |
| Candidate Name Chad Causey Office Sought: X House Senate Primary President Category/ Type Category/ Type Category/ Type Office Sought: Primary Other (specify) ▼ | | | 011 | 2500.00 | | | |
| Senate Primary X General President Other (specify) ▼ | | | Category/ | | | | |
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| | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | È | 21b 27 | 22 28a | X 23 28k | | 24 28c | 25 29 | 20 |
| | y Information copied from such Reports and State or commercial purposes, other than using the na | | | | | | | | | |
| | NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In | c Political Committee (OPHT | ΉΡ | AC) | | | | | | |
| • | Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Cam Mailing Address PO Box 12612 | paign | | | Date of | of Disbu | | | 325403 Ž 0 Ť 0 | |
| | City San Antonio | State Zip Code TX 78212 | | | Amou | nt of Ea | ch Disk | ourseme | nt this F | Period |
| | Purpose of Disbursement Contribution 2010 GENERAL Candidate Name | C | | gory/ | | | • | 1 | 500.00 | |
| | Charles A. Gonzalez Office Sought: X House Senate President State: TX District: 20 | sement For: 2010 Primary X General Other (specify) | Тур | oe | | | | | | |
| | Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy Mailing Address PO Box 127 | | | | Date o | of Disbu | | | 776056 Ž 0 Ť 0 | |
| | City Cheshire Purpose of Disbursement | State Zip Code CT 06410 | | - | Amou | nt of Ea | ch Dist | ourseme 5 | nt this F | |
| | 2010 GENERAL Candidate Name Christopher S. Murphy | C | 01 Cate Typ | gory/ | | | | | | |
| | Office Sought: X House Senate President State: CT District: 05 | sement For: 2010 Primary X General Other (specify) | - 71 | | | | | | | |
| | Full Name (Last, First, Middle Initial) Committee To Re-Elect Linda Sanchez | | | | Date o | of Disbu | rsemer | | | |
| | Mailing Address 1212 S. Victory Blvd Suite 211 | | | | 0 ^M 9 | M / [| 28 | / Y | ž 0 1 0 |) |
| | City Burbank | State Zip Code CA 91502 | | | Amou | nt of Ea | ch Disk | ourseme | nt this F | |
| | Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Linda T. Sanchez | C | | gory/ | L. | | | | 000.00 | |
| | | sement For: 2010 Primary X General Other (specify) | Тур | De . | | | | | | |
| | UBTOTAL of Disbursements This Page (optiona | 1 | | • | | | | 75 | 500.00 | |

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| TEMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | I <u>`</u> ` | 22 X 23 24 25 28 28a 28b 28c 29 |
| ny Information copied from such Reports and State for commercial purposes, other than using the nar | | | |
| NAME OF COMMITTEE (In Full) | | | |
| American Academy of Ophthalmology In | e Political Committee (C | PHTHPAC) | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 62163-8568536639 |
| Congressman Waxman Campaign Comr | | | Date of Disbursement O 9 2 0 2 0 1 0 |
| Mailing Address 6380 Wilshire Blvd. #16 | 512 | | 0 9 2 0 2 0 1 0 |
| City Los Angeles | State Zip Code CA 90048 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement 2010 GENERAL | | 011 | 2500.00 |
| Candidate Name Henry A. Waxman | | Category/ Type | |
| · | sement For: 2010 Primary X Genera Other (specify) | | |
| Full Name (Last, First, Middle Initial) Continuing a Majority Party Action Comm | nittee (CAMPAC) | | Transaction ID: 93669-1064721941 Date of Disbursement |
| Mailing Address 5915 Eastman Avenue | Suite 100 | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City Midland | State Zip Code MI 48640 | | Amount of Each Disbursement this Perio |
| Purpose of Disbursement 2010 Contribution | | 011 | 2500.00 |
| Candidate Name Continuing a Majority Party Action Comm | nittee (CAMP- | Category/ Type | |
| Senate President | sement For: 2010 Primary Genera K Other (specify) ▼ bution | ı | |
| Full Name (Last, First, Middle Initial) Courtney for Congress | | | Transaction ID: 61829-3097802996 Date of Disbursement |
| Mailing Address 38 Risley Road | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City Vernon | State Zip Code CT 06066 | | Amount of Each Disbursement this Perio |
| Purpose of Disbursement 2010 GENERAL | | 011 | 1000.00 |
| Candidate Name Joseph D. Courtney | | Category/ Type | |
| Office Sought: X House Disburs | sement For: 2010 Primary X Genera | | |
| Senate President State: CT District: 02 | Other (specify) | | |

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| | EMIZED DISBURSEMENT | Detailed Summary | Page | 21b 27 | 22 X 23 28a 28b | 24 25 28c 29 | 26 30 |
| | y Information copied from such Reports an for commercial purposes, other than using | | | | | | |
| | NAME OF COMMITTEE (In Full) American Academy of Ophthalmolo | ogy Inc Political Committe | e (OPHTHP/ | AC) | | | |
| ۸. | Full Name (Last, First, Middle Initial) Crowley for Congress | | | | Date of Disburse | | |
| | Mailing Address 84-56 Grand Ave | nue | | | 09 1 | 0 2010 | |
| | City Elmhurst | State Zip Code NY 11373 | е | , | Amount of Each | Disbursement this P | eriod |
| | Purpose of Disbursement 2010 PRIMARY | | 01 | 1 | | 2500.00 | |
| | Candidate Name Joseph Crowley | | Cateo Typ | - | | | |
| | Senate President | Disbursement For: 201 X Primary Ge Other (specify) | 0 eneral | | | | |
| _ | State: NY District: 07 Full Name (Last, First, Middle Initial) | | | - | Françoition ID: | 74726-9542505 | 1.450 |
| | Dan Seals for Congress | | | | Date of Disburse | ement | |
| | Mailing Address PO Box 584 | | | | 0 9 2 | 8 2010 | |
| | City Wilmette | State Zip Code IL 60091 | е | | Amount of Each | Disbursement this P | eriod |
| | Purpose of Disbursement Contribution 2010 GENERAL | | 01 | 1 | | 5000.00 | |
| | Candidate Name Daniel Joseph Seals | | Cateo Typ | | | | |
| | Office Sought: X House Senate President State: IL District: 10 | Disbursement For: 201 Primary X Ge Other (specify) ▼ | - | | | | |
| | Full Name (Last, First, Middle Initial) Dave Camp for Congress 2010 | | | | Date of Disburse | | 3169 |
| | Mailing Address 5915 Eastman Av Suite 100 | venue | | | 09 / 2 | 8 2010 | Y |
| | City Midland | State Zip Code MI 48640 | 9 | | Amount of Each | Disbursement this P | eriod |
| | Purpose of Disbursement Contribution 2010 GENERAL | | 01 | 1 | | 4000.00 | |
| | Candidate Name Dave Camp | | Categ Typ | | | | |
| | Senate President | Disbursement For: 201 Primary X Ge Other (specify) | 0 | | | | |
| | State: MI District: 04 | | | | | | |

| | CHEDULE B (FEC Form | Use separa | ate schedule(s) | | NUMBER: PAGE 86 / 107 |
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| | | | | | or the purpose of soliciting contributions licit contributions from such committee |
| | NAME OF COMMITTEE (In Full) American Academy of Ophthal | | | | |
| <u>/</u> | Full Name (Last, First, Middle Initial) David Schweikert for Congress | | | | Transaction ID: 93669-92829531431 Date of Disbursement |
| | Mailing Address 15749 E EI L | ago Blvd | | | $\begin{bmatrix} M & M & M \\ O & 9 & M \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ 1 & O \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & Y \\ 2 & O & 1 & O \end{bmatrix} $ |
| | City Fountain Hills | | Zip Code 85268 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contribution 2010 GENERAL Candidate Name | | | 011 Category/ | 5000.00 |
| | David Schweikert Office Sought: X House | Disbursement For: | 2010 | Type | |
| | Senate President | Primary Other (speci | X General | | |
| | State: AZ District: 05 Full Name (Last, First, Middle Initial) Denham for Congress | | | | Transaction ID: 94606-50086611509 |
| | Mailing Address 2150 River P | laza Dr #150 | | | Date of Disbursement O 9 M / D 2 D / Y Y Y O Y O |
| | City Sacramento | State CA | Zip Code 95833 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contribution 2010 GENERAL | | | 011 | 5000.00 |
| | Candidate Name Jeffrey Denham | | | Category/ Type | |
| | Office Sought: X House Senate President | Disbursement For: Primary Other (speci | 2010 X General ify) ▼ | | |
| | State: CA District: 19 Full Name (Last, First, Middle Initial) Diana Degette for Congress Inc | | | | Transaction ID: 93669-9812433123 |
| | Mailing Address PO Box 6133 | 7 | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ D & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ D & D & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} Y & Y & Y & Y \\ D & D & D & D \end{smallmatrix} \end{bmatrix} $ |
| | City Denver | State CO | Zip Code 80206 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contribution 09/10/10 | | | 011 | 1000.00 |
| | Candidate Name | | | Category/ Type | |
| | Diana L. DeGette | | | | |
| | Office Sought: X House Senate President State: CO District: 01 | Disbursement For: Primary Other (speci | 2010 X General ify) ▼ | | |

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| | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Pag | | 22 X 23 24 25 2 28a 28b 28c 29 3 |
| | y Information copied from such Reports and S or commercial purposes, other than using the | | | |
| | NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | Inc Political Committee (0 | OPHTHPAC) | |
| <u>/</u> | Full Name (Last, First, Middle Initial) Diana Degette for Congress Inc. | | | Transaction ID: 62163-08466738462 Date of Disbursement |
| | Mailing Address PO Box 61337 | | | $\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D \\ 2 \end{smallmatrix} \begin{smallmatrix} O \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y \\ 2 \end{smallmatrix} \begin{smallmatrix} O \end{smallmatrix} \begin{smallmatrix} Y \\ 1 \end{smallmatrix} \begin{smallmatrix} O \end{smallmatrix} $ |
| | City Denver | State Zip Code CO 80206 | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contribution 2010 GENERAL | | 011 | 1500.00 |
| | Candidate Name Diana L. DeGette | | Category/ Type | _ |
| | Senate President | oursement For: 2010 Primary X General Other (specify) | al | |
| | State: CO District: 01 Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPA) | C) | | Transaction ID: 93669-98341006040 Date of Disbursement |
| | Mailing Address 25 East Main Street, | Suite 200 | | 0 9 M / D 1 D / Y 2 0 1 0 Y |
| | City | State Zip Code | | Amount of Each Disbursement this Period |
| | Richmond | VA 23219 | | |
| | Richmond Purpose of Disbursement 2010 Contribution | | 011 | 2500.00 |
| | Purpose of Disbursement | VA 23219 | 011 Category/ Type | 2500.00 |
| | Purpose of Disbursement 2010 Contribution Candidate Name Every Republican Is Crucial (ERICPA) Office Sought: House Senate President | VA 23219 C) Dursement For: 2010 Primary General X Other (specify) | Category/ Type | 2500.00 |
| | Purpose of Disbursement 2010 Contribution Candidate Name Every Republican Is Crucial (ERICPA) Office Sought: House Dis Senate President State: District: Co Full Name (Last, First, Middle Initial) | VA 23219 C) Dursement For: 2010 Primary General | Category/ Type | Transaction ID: 94606-9063989520 |
| | Purpose of Disbursement 2010 Contribution Candidate Name Every Republican Is Crucial (ERICPA) Office Sought: House Dis Senate President State: District: Co | VA 23219 C) Dursement For: 2010 Primary General X Other (specify) | Category/ Type | |
| | Purpose of Disbursement 2010 Contribution Candidate Name Every Republican Is Crucial (ERICPA) Office Sought: House Dis Senate President State: District: Co Full Name (Last, First, Middle Initial) Fleming for Congress Mailing Address PO Box 1236 City | VA 23219 C) Dursement For: 2010 Primary General X Other (specify) ntribution | Category/ Type | Transaction ID: 94606-90639895200 Date of Disbursement M |
| | Purpose of Disbursement 2010 Contribution Candidate Name Every Republican Is Crucial (ERICPA) Office Sought: House Senate President State: District: Co Full Name (Last, First, Middle Initial) Fleming for Congress Mailing Address PO Box 1236 | VA 23219 C) Dursement For: 2010 Primary General X Other (specify) ntribution | Category/ Type | Transaction ID: 94606-90639895200 Date of Disbursement M |
| | Purpose of Disbursement 2010 Contribution Candidate Name Every Republican Is Crucial (ERICPA) Office Sought: House Senate President State: District: Co Full Name (Last, First, Middle Initial) Fleming for Congress Mailing Address PO Box 1236 City Minden Purpose of Disbursement 2010 GENERAL Candidate Name John Calvin Fleming, Jr. | VA 23219 C) Dursement For: 2010 Primary General X Other (specify) ntribution | Category/ Type | Transaction ID: 94606-90639895200 Date of Disbursement M 9 M / D 2 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Purpose of Disbursement 2010 Contribution Candidate Name Every Republican Is Crucial (ERICPA) Office Sought: House Senate President State: District: Co Full Name (Last, First, Middle Initial) Fleming for Congress Mailing Address PO Box 1236 | VA 23219 C) Dursement For: 2010 Primary General X Other (specify) ntribution | Category/ Type al O11 Category/ Type | Transaction ID: 94606-90639895200 Date of Disbursement M 9 M / D 2 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |

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| | NAME OF COMMITTEE (In Full) | , p | | | |
| $ \rangle$ | American Academy of Ophthalmolo | gy Inc Political Committee (O | PHTH | HPAC) | |
| <u>/</u> | Full Name (Last, First, Middle Initial) | | | | Transaction ID: 94606-71513003110 |
| | Freedom Project; the | | | | Date of Disbursement |
| | Mailing Address 631-B Pennsylvan Basement Unit | ia Ave., SE | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City Washington | State Zip Code DC 20003 | | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | | | | 3000.00 |
| | Event date: 9/23/10 | | - | 011 | |
| | Candidate Name Freedom Project; the | | 1 | ategory/ Type | |
| | | Disbursement For: 2010 | • | | |
| | Senate President | Primary General X Other (specify) ▼ | | | |
| | State: District: 0 | Contribution | | | |
| | Full Name (Last, First, Middle Initial) | | | | Transaction ID: 49918-82590883970 |
| | Friends of Bill Posey | | | | Date of Disbursement |
| | Mailing Address PO Box 360877 | | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City Melbourne | State Zip Code FL 32936 | | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement 2010 GENERAL | | | 011 | 1000.00 |
| | Candidate Name Bill Posey | | Ca | 011 ategory/ | |
| | | Disbursement For: 2010 | | Туре | |
| | Senate | Primary X General | | | |
| | State: FL District: 15 | Other (specify) | | | |
| | Full Name (Last, First, Middle Initial) Friends of Carolyn McCarthy | | | | Transaction ID: 62163-20693606138 Date of Disbursement |
| | Mailing Address 151 Linden Road | | | | $\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix} $ |
| | City Mineola | State Zip Code NY 11501 | | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | | | • • • | 1000.00 |
| | Contribution 2010 GENERAL Candidate Name | | _ | 011 | |
| | Carolyn McCarthy | | | ategory/ Type | |
| | Office Sought: X House Senate President | Disbursement For: 2010 Primary X General Other (specify) ▼ | 1 | • | |
| | State: NY District: 04 | | | | |
| _ | | | | | |

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| 1 \ | NAME OF COMMITTEE (In Full) American Academy of Ophthalmolo | gy Inc Political | Committee (OP | нтн | ΙPΑ | C) | | | | | | | |
| | Full Name (Last, First, Middle Initial) Friends of Cliff Stearns Mailing Address PO Box 308 | | | | | | Date | | | | | 79785 0 1 0 | _ |
| | City Silver Springs | State FL | Zip Code 34489 | | | | Amou | ınt of | Each | Disburs | emen | t this P | 'eriod |
| | Purpose of Disbursement Contribution 2010 General Candidate Name | · - | | _ | 011 itege | | L. | | | | 20 | 00.00 | |
| | Clifford B. Stearns Office Sought: Senate President State: FL District: 06 | Disbursement For: Primary Other (s | : 2010 X General pecify) ▼ | | Гур | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Friends of Dave Reichert Mailing Address PO Box 53322 | | | | | | Date | | | | | 57306 0 1 0 | |
| | City Bellevue Purpose of Disbursement | State WA | Zip Code 98015 | | | | Amou | int of | Each | Disburs | | t this P | |
| | Contribution 2010 GENERAL Candidate Name David G. Reichert | | | Са | 011 itege Type | ory/ | | • | • | | | • | |
| | Office Sought: X House Senate President State: WA District: 08 | Disbursement For: Primary Other (s | : 2010 X General pecify) ▼ | | 7,6 | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Friends of Dennis Cardoza | | | | | | Date | of Dis | burse | | | | |
| | Mailing Address PO Box 2749 | | | | | | 0 9 | M / | ^D 2 | o ′ | ž | 0 1 0 | Y |
| | City Merced | State CA | Zip Code 95340 | | | | Amou | int of | Each | Disburs | - | - | - |
| | Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Dennis A. Cardoza | | | Са | 011 itege | ory/ | | • | • | • | ∠3(| 00.00 | |
| | | Disbursement For: Primary Other (s | : 2010 X General pecify) ▼ | | Гуре | = | | | | | | | |
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| NAME OF COMMITTEE (In Full) | | | |
| American Academy of Ophthalmology In | c Political Committee (O | PHTHPAC) | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 74726-69143313169 |
| Friends of Frank Guinta | | | Date of Disbursement |
| Mailing Address PO Box 877 | | | $\begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix}$ |
| City Manchester | State Zip Code NH 03105 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | 0 0 | 2500.00 |
| Contribution 2010 GENERAL Candidate Name | | 011 Category/ | |
| Frank Guinta | | Type | |
| Office Sought: X House Disbur | sement For: 2010 Primary X General | | |
| President | Primary X General Other (specify) ▼ | | |
| State: NH District: 01 | | | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 62163-75867861509 |
| Friends of Glenn Nye | | | Date of Disbursement |
| Mailing Address PO Box 68444 | | | $\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ 2 & 0 & 0 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$ |
| City Virginia Beach | State Zip Code VA 23471 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement 2010 GENERAL | | 011 | 1000.00 |
| Candidate Name Glenn C. Nye | | Category/ Type | |
| Office Sought: X House Disbur | sement For: 2010 | 1 . 7/2 . | |
| Senate | Primary X General | | |
| State: VA District: 02 | Other (specify) | | |
| Full Name (Last, First, Middle Initial) Friends of Glenn Nye | | | Transaction ID: 94606-1076166033 Date of Disbursement |
| · | | | 0 9 2 4 2 0 1 0 |
| Mailing Address PO Box 68444 | | | 09 24 2010 |
| City Virginia Beach | State Zip Code VA 23471 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Contribution 2010 GENERAL | | 011 | 2000.00 |
| Candidate Name Glenn C. Nye | | Category/ Type | |
| · | sement For: 2010 | 1 715- | |
| Senate | Primary X General | | |
| President | Other (specify) | | |
| State: VA District: 02 | | | |
| State: VA District: 02 SUBTOTAL of Disbursements This Page (optional | n. | | 5500.00 |

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| | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | | | 21b 27 | 22 28a | X 23 28b | | 8c 🗌 | 25 29 | 2 |
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| \rangle | NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir | c Political Committee (O | PHTH | IPA(| C) | | | | | | |
| <u>/</u> | Full Name (Last, First, Middle Initial) Friends of Glenn Nye | | | | | Date o | of Disbu | | | | |
| | Mailing Address PO Box 68444 | | | | | 0 ^M 9 | M / C | 24 | Ž | 0 Ĭ 0 | |
| | City Virginia Beach | State Zip Code VA 23471 | | | | Amou | nt of Ead | ch Disbu | rsemen | t this P | eriod |
| | Purpose of Disbursement Contribution 2010 General | | | 011 | | L. | | | 10 | 00.00 | _ |
| | Candidate Name Glenn C. Nye | | 1 | atego Type | ry/ | | | | | | |
| | Senate President | sement For: 2010 Primary X General Other (specify) ▼ | -1 | | | | | | | | |
| _ | State: VA District: 02 Full Name (Last, First, Middle Initial) | | | | | Trans | action I | D : 936 | 860-56 | 58227 | Q01 |
| | Friends of Joe Pitts | | | | | Date o | of Disbu | sement | | | |
| | Mailing Address PO Box 775 | | | | | 0 9 | J L | 10 | 2 | 0 1 0 | |
| | City Unionville | State Zip Code PA 19375 | | | | Amou | nt of Ead | ch Disbu | rsemen | t this Po | erio |
| | Purpose of Disbursement Contribution 2010 GENERAL | | | 011 | | L. | | | 25 | 00.00 | |
| | Candidate Name Joseph R. Pitts | | 1 | atego Type | ry/ | | | | | | |
| | Office Sought: X House Senate President State: PA District: 16 | sement For: 2010 Primary X General Other (specify) | -1 | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Friends of Lois Capps | | | | | Date o | of Disbur | | | | |
| | Mailing Address PO Box 23940 | | | | | 0 ^M 9 | M / C | 24 | Ý Ž | 0 1 0 | Y |
| | City Santa Barbara | State Zip Code CA 93121 | | | | Amou | nt of Ead | ch Disbu | rsemen | t this P | erio |
| | Purpose of Disbursement 2010 GENERAL | <u> </u> | | 011 | \neg | L. | | | 25 | 00.00 | _ |
| | Candidate Name Lois Capps | | Ca | atego Type | ry/ | | | | | | |
| | | sement For: 2010 Primary X General Other (specify) | 1 | 763 | | | | | | | |
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| NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In | c Political Committee (OPHTHP | AC) |
| Full Name (Last, First, Middle Initial) Friends of Sam Johnson | | Transaction ID: 62163-1352502703 Date of Disbursement |
| Mailing Address PO Box 860096 | | 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| City Plano | State Zip Code TX 75086 | Amount of Each Disbursement this Perio |
| Purpose of Disbursement Contribution 2010 GENERAL | 01 | |
| Candidate Name Sam Johnson | Cate Ty | • , |
| Senate President | sement For: 2010 Primary X General Other (specify) | |
| State: TX District: 03 Full Name (Last, First, Middle Initial) Friends of Schumer | | Transaction ID: 74726-4324609637 Date of Disbursement |
| Mailing Address 509 Madison Ave Suite | 1902 | 09 |
| City New York | State Zip Code NY 10022 | Amount of Each Disbursement this Perio |
| Purpose of Disbursement Contribution 2010 GENERAL | 01 | 5000.00 |
| Candidate Name Charles E. Schumer | Ту | gory/ pe |
| Office Sought: House Disburger X Senate President State: NY District: | sement For: 2010 Primary X General Other (specify) | |
| Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign | | Transaction ID: 94606-4607660174 Date of Disbursement |
| Mailing Address PO Box 16128 | | 09 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| City Houston | State Zip Code TX 77222 | Amount of Each Disbursement this Perio |
| Purpose of Disbursement Contribution 2010 GENERAL | 01 | |
| Candidate Name Gene Green | Cate | |
| Office Sought: X House Disburg Senate President State: TX District: 29 | sement For: 2010 Primary X General Other (specify) ▼ | |
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| | SCHEDULE B (FEC Form 3X) | | arate schedule(s) | | _ | R LINE | NUMB | ER: | | | Р | AGE | 93 / | 107 |
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| | NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc | | | | | | | | | | 54611 | | | |
| ∠ A. | Full Name (Last, First, Middle Initial) Giffords for Congress | | | | | | | | | | 9222 ment | 0-55 | 70337 | 7176322 |
| | Mailing Address PO Box 12886 | | | | | | 0,8 |) M | / | 0 | 7 / | Ý | 010 |) ^Y |
| | City Tucson | State AZ | Zip Code 85732 | | | | Amo | ount o | of Ea | ach I | Disburs | - | | |
| | Purpose of Disbursement Contribution 2010 General | | | | 01 | | | | | • | - | 25 | 00.00 | |
| | Candidate Name Gabrielle Giffords Office Sought: X House Disburs | ement For: | 2010 | | ateg Typ | • | - | | | | | | | |
| | Senate President State: AZ District: 08 | Primary Other (spe | X General | | | | | | | | | | | |
| _ В. | Full Name (Last, First, Middle Initial) Gingrey for Congress | | | | | | | | | | 5045 ment | 0-40 | 30267 | 759624 |
| | Mailing Address PO Box U | | | | | | 0 8 |) M | / | ^D 1 | o / | Y 2 | 0 1 C |) Y |
| | City Marietta | State GA | Zip Code 30060 | | | | Amo | ount o | of E | ach I | Disburs | emer | t this F | Period |
| | Purpose of Disbursement 2010 GENERAL | | | | 01 | | | | | | | 20 | 00.00 | |
| | Candidate Name John Phillip Gingrey | | | С | ateg Typ | ory/ e | | | | | | | | |
| | Senate President | ement For: Primary Other (spe | 2010 X General ecify) ▼ | | | | | | | | | | | |
| _ С. | State: GA District: 11 Full Name (Last, First, Middle Initial) Hatch Election Committee Inc | | | | | | | | | | 6216 | 3-15 | 59259 | 9295463 |
| | Mailing Address 175 South West Temple | Suite 650 | | | | | 0 ^M S | Э М | / | ^D 2 | 0 / | Ž | 0 1 0 |) ^Y |
| | City Salt Lake City | State UT | Zip Code 84101 | | | | Amo | ount o | of E | ach I | Disburs | - | | - |
| | Purpose of Disbursement Event date: 9/21/10 | | | | 01 | | | | | | | 25 | 00.00 | |
| | Candidate Name Orrin G. Hatch | | | С | ateg Typ | | - | | | | | | | |
| | X Senate X President | ement For: Primary Other (spe | 2012 General ecify) ▼ | | | | | | | | | | | |
| Γ | State: UT District: | | | | | | | | - | _ | | 70 | 00.00 | |
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| | y Information copied from such Reports and State for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) | | | | | | | | | | | | |
| \rangle | American Academy of Ophthalmology Inc | Political Committee (O | PHTH | HP/ | AC) | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Hoyer for Congress | | | | | Date | of D | isbur | seme | | | 6555 | |
| | Mailing Address 607 14th Street, NW Suite 800 | | | | | 0 9 | М | / D | 10 | / L | | 0 i 0 | |
| | City Washington | State Zip Code DC 20005 | | | | Amou | ınt o | f Eac | h Dis | burse | - | this P | - |
| | Purpose of Disbursement Contribution 2010 General Candidate Name | | _ | 01 | | | | • | • | | 250 | 00.00 | |
| | Steny H. Hoyer | | | ateg Typ | ory/ e | | | | | | | | |
| | Senate President | ement For: 2010 Primary X General Other (specify) | | | | | | | | | | | |
| | State: MD District: 05 Full Name (Last, First, Middle Initial) | | | | | Trans | eacti | on II |). Q | 4606 | -642 | 28338 | 8853 |
| | Inslee for Congress | | | | | Date | | isbur: | seme | | | 0 1 0 | |
| | Mailing Address PO Box 33027 | | | | | 0 9 | | L | 2 4 | L | . 2 | 010 | |
| | City Seattle | State Zip Code WA 98133 | | | | Amou | ınt o | f Eac | h Dis | burse | | this P | eriod |
| | Purpose of Disbursement 2010 GENERAL | | - | 01 | | L. | | | • | | 200 | 00.00 | 0 |
| | Candidate Name Jay Inslee | | | ateg Typ | ory/ e | | | | | | | | |
| | Office Sought: X House Senate President State: WA District: 01 | ement For: 2010 Primary X General Other (specify) | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Kirkpatrick for Arizona | | | | | Date | of D | isbur | seme | | | 37439 | |
| | Mailing Address PO Box 993 | | | | | 0 9 | М | / D | 24 | | ž | 0 1 0 | Y |
| | City Prescott | State Zip Code AZ 86302 | | | | Amou | ınt o | f Eac | h Dis | burse | - | this P | - |
| | Purpose of Disbursement Contribution 2010 GENERAL | | | 01 | | | | - | • | | 300 | 00.00 | |
| | Candidate Name Ann Kirkpatrick | | | ateg Typ | ory/ e | | | | | | | | |
| | Office Sought: X House Senate President State: AZ District: 01 | ement For: 2010 Primary X General Other (specify) ▼ | • | | | | | | | | | | |
| _ | Otato. AZ DISTRICT. UT | | | | | | _ | | _ | | | | |

| SCHEDULE B (FEC Form 3X) | Use separate schedule(s) | | INE NUMBER: PAGE 95 / 107 | | | | | |
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| NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc | | | | | | | | |
| Full Name (Last, First, Middle Initial) Kissell for Congress | | | Date of Disburser | | | | | |
| Mailing Address PO Box 1530 | | | 09 / 2 | ^D 2 0 1 0 ^Y | | | | |
| City Biscoe | State Zip Code NC 27209 | | Amount of Each [| Disbursement this Period | | | | |
| Purpose of Disbursement 2010 GENERAL | | 011 | | 2500.00 | | | | |
| Candidate Name Lawrence Webb Kissell | | Category/ Type | | | | | | |
| Senate President | ment For: 2010 Primary X General Other (specify) | | | | | | | |
| Full Name (Last, First, Middle Initial) Lance for Congress | , | | | | | | | |
| Mailing Address PO Box 225 | | 09 / 1 | D / 2010 Y | | | | | |
| City Colonia | State Zip Code NJ 07067 | | Amount of Each [| Disbursement this Period | | | | |
| Purpose of Disbursement Contribution 2010 GENERAL | | 011 | | 2500.00 | | | | |
| Candidate Name Leonard Lance | | Category/ Type | | | | | | |
| Office Sought: X House Senate President State: NJ Disburse | ment For: 2010 Primary X General Other (specify) | | | | | | | |
| Full Name (Last, First, Middle Initial) | | | | 94606-56902712583 | | | | |
| Mark Critz for Congress Committee | | | Date of Disburser | | | | | |
| Mailing Address 551 Main Street Suite 12 | | | | | | | | |
| City Johnstown | State Zip Code PA 15901 | | Amount of Each I | Disbursement this Period | | | | |
| Purpose of Disbursement Contribution 2010 GENERAL | | 011 | | 2500.00 | | | | |
| Candidate Name Mark S. Critz | | Category/ Type | | | | | | |
| Senate President | ment For: 2010 Primary X General Other (specify) | · | | | | | | |
| State: PA District: 12 | | | | 7500.00 | | | | |
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| | NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir | nc Political Committee (C | PHT | НРА | C) | | | | | | |
| | Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress Inc. Mailing Address PO Box 682185 | | | | | Date o | action IE f Disburs | sement | | 379956 Ž 0 1≀0 | |
| | City Franklin | State Zip Code TN 37068 | | | | Amour | nt of Eac | h Disbu | rsemer | nt this P | eriod |
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| | Full Name (Last, First, Middle Initial) Mike Fitzpatrick Ny1 for Congress Mailing Address 274 Sixth Avenue | | | action II f Disburs | sement | | 81268 Ž 0 Ť 0 | | | | |
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| \rangle | NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In | nc Political Committee (C | PHTI | HP/ | AC) | | | | | | | |
| - | Full Name (Last, First, Middle Initial) New Democrat Coalition Political Action Ndc Pac | Committee Aka | | | | Date | | | | | 961986 | |
| | Mailing Address 607 14th Street NW S | uite 800 | | | | 0 9 | | L | 1 0 | L | ž 0 1 | 0 |
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| | Full Name (Last, First, Middle Initial) Pat Meehan for Congress | | | | | Date | of Di | sburs | emen | | 81835 | 3533 |
| | Mailing Address 50 S. Providence Road PO Box 308 | | 0 9 | M | D | 2 8 2 8 | / L | žo i | 0 1 | | | |
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| | Full Name (Last, First, Middle Initial) Paul Tonko for Congress | | | | | Date | of Di | sburs | emen | | 684612 | |
| | Mailing Address 911 Central Avenue PO Box 221 | | | | | 0 9 | М | D | 2 4 | / <u></u> | ž 0 1 | 0 1 |
| | City Albany | State Zip Code NY 12206 | | | | Amou | int of | Each | n Disb | | ent this | |
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| American Academy of Ophthalmology Ir | c Political Committee (OF | PHTHI | PAC) | | | | | |
| Full Name (Last, First, Middle Initial) | | | | | | | 9-740841 | 0906 |
| People for Patty Murray | | | | M | of Disburse | ement | Y Y Y | Υ |
| Mailing Address PO Box 3662 | | | | 0 9 | | 0 | ž 0 1 | 0 |
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| Pete Sessions for Congress | | | M | of Disburse | D / ` | Y Y Y | Υ | |
| Mailing Address PO Box 823047 | 0 9 | 1 | 0 | 201 | 0 | | | |
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| Office Sought: X House Senate President State: TX District: 32 | sement For: 2010 Primary X General Other (specify) ▼ | | | | | | | |
| Full Name (Last, First, Middle Initial) Peters for Congress | | | | | action ID: of Disburse | | 3-420391 | 2615 |
| Mailing Address PO Box 226 | | | | 0 9 | м / Д | 0 / | žoi | 0 Y |
| City Bloomfield Hills | State Zip Code MI 48303 | | | Amou | nt of Each | Disburse | ement this | |
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| • В | Full Name (Last, F Raj Goyle for C | First, Middle Initial) Congress, Inc. | | | | | | | Date | saction of Disk | oursem | ent | -2188 | 36843 | 4429 |
| M | Mailing Address | PO Box 780971 | <u> </u> | | | | | | 0 9 |) M / | 24 | | ž |) 1 0 1 | |
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| · R | Rangel for Congress Mailing Address - DO Ray 5577 | | | | | | | | Date | of Disk | oursem | ent | | | |
| _ | Mailing Address | PO Box 5577 Manhattanville | | | | | | | 0.9 | | 2 4 | | 2 (|) 1 0 ' | _ |
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| C | Candidate Name Charles B. Ran | | | | | | ateg Typ | gory/ be | | | | | | | |
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| F | State: NY Full Name (Last, F Rob Woodall fo | District: 15 First, Middle Initial) or Congress | | | | | | | | saction of Disk | | | 5-849 ⁷ | 78884 | 458 |
| N | Mailing Address | Post Office Box | 1871 | | | | | | 0 9 | M / | 24 | / \ | ž |) 1 0 ° | |
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| NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc | Political Committee (OPUT | | |
| American Academy of Ophthalmology inc | Political Committee (OPH) | infac) | |
| Full Name (Last, First, Middle Initial) Robin Carnahan for Senate | | | Transaction ID: 94606-0708124041557 Date of Disbursement |
| Mailing Address PO Box 50378 | | | $\begin{bmatrix} 0 & 9 & M \\ 0 & 9 & M \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 4 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix}$ |
| City St Louis | State Zip Code MO 63105 | | Amount of Each Disbursement this Period |
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| Candidate Name Robin Carnahan | | Category/ Type | |
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| X Senate President | Primary X General Other (specify) ▼ | | |
| State: MO District: | | | |
| Full Name (Last, First, Middle Initial) Roskam for Congress Committee | | | Transaction ID: 62163-9362909197807 Date of Disbursement |
| Mailing Address PO Box 713 | | | $\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \end{smallmatrix} \end{bmatrix} \ ^{\prime} \ \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} \end{bmatrix} \ ^{\prime} \ \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{smallmatrix} Y \end{smallmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \end{bmatrix}$ |
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| Office Sought: X House Senate President Disburs | ement For: 2010 Primary X General | | |
| State: IL District: 06 | Other (specify) ▼ | | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 62163-1865503191947 |
| Roskam for Congress Committee | | | Date of Disbursement |
| Mailing Address PO Box 713 | | | $\begin{bmatrix} 0 & 9 & M \end{bmatrix}$ |
| City Wheaton | State Zip Code IL 60187 | | Amount of Each Disbursement this Period |
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| \rangle | NAME OF COMMITTEE (In Full) American Academy of Ophthalmology | Inc Political Committee (C | PHTI | HPA | (C) | | | | | | | |
| | Full Name (Last, First, Middle Initial) Schock for Congress | | | | | | ction II f Disbur | rseme | | | 93801 0 1 0 | |
| | Mailing Address PO Box 10555 | | | | | - | | | | | | |
| | City Peoria | State Zip Code IL 61612 | | | | Amour | it of Eac | ch Dis | | - | | riod |
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| | Full Name (Last, First, Middle Initial) Silver State 21st Century Pac | | | | | | ction II | | | 5834 | 47719 | 907 |
| | Mailing Address 3069 Conquista Ct. | | 0 9 | / D | 28 | / Y | ž (|) 1 0 \ | | | | |
| | City Las Vegas | State Zip Code NV 89121 | | | | Amour | it of Eac | ch Dis | | - | | riod |
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| <u>/</u> | Full Name (Last, F Sue Myrick for | , | | | | Transaction ID: 94606-01671999692 Date of Disbursement |
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| | State: NC | Senate President District: 09 | Primary Other (s | X General specify) ▼ | | |
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| | NAME OF COMMITTEE (In Full) American Academy of Ophthalmo | logy Inc Political Co | ommittee (OPF | НТН | PAC) | |
| <u> </u> | Full Name (Last, First, Middle Initial) The Spirit Fund | | | | | Transaction ID: 62163-114513570 Date of Disbursement |
| | Mailing Address PO Box 70808 | | | | | 0 9 M / D D D / Y 2 0 1 0 Y |
| | City Washington | State DC | Zip Code 20024 | | | Amount of Each Disbursement this Per |
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| | Tom Hayhurst for Congress Comm | mittee | | | | Date of Disbursement |
| | Mailing Address PO Box 40222 | | | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City Fort Wayne | State IN | Zip Code 46804 | | | Amount of Each Disbursement this Per |
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| | State: IN District: 03 Full Name (Last, First, Middle Initial) Trey Gowdy for Congress | | | | | Transaction ID: 94606-6709710990 |
| | Mailing Address PO Box 3324 | | | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City Spartanburg | State SC | Zip Code 29304 | | | Amount of Each Disbursement this Per |
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| V | American Academy of Ophthalmology In | c Political Committee (OI | 2H1F | 112/ | AC) | | | | | | | | |
| ۸. | Full Name (Last, First, Middle Initial) Trivedi for Congress Mailing Address 83 W Main St | | | | | Trans Date 0 9 | of D | isburs | seme | | | 2496) 1 0 | 60015 |
| | Suite 2 City Elverson | State Zip Code PA 19520 | | | | Amou | unt o | f Eac | h Dis | burser | ment t | this P | eriod |
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| | Full Name (Last, First, Middle Initial) Upton for All of Us Mailing Address PO Box 490 | | | | | Date | | isburs | | | | 5538 0 1 0 | 59233 |
| | City St. Joseph Purpose of Disbursement 2010 GENERAL | State Zip Code MI 49085 | | 0.1 | | Amou | unt o | f Eac | h Dis | burser | ment t | | eriod |
| | Candidate Name Fredrick Stephen Upton | | Ca | 01 ateg Typ | ory/ | | | | | | | | |
| | Office Sought: X House Senate President State: MI District: 06 | ement For: 2010 Primary X General Other (specify) ▼ | | | | | | | | | | | |
| ·- | Full Name (Last, First, Middle Initial) Van Hollen for Congress | | | | | Trans Date | of D | isburs | seme | | -1558 | 3496 | 3560 ⁻ |
| | Mailing Address 10537 St. Paul St. | | | | | 0 9 | M | / D | 20 | / Y | ž (|) 1 0 | Y |
| | City Kensington | State Zip Code MD 20895 | | | | Amou | unt o | f Eac | h Dis | burser | ment t | his P | eriod |
| | Purpose of Disbursement 2010 GENERAL | | - | 01 | | | | | | | 250 | 0.00 | |
| | Candidate Name Chris Van Hollen | | | ateg Typ | ory/ e | | | | | | | | |
| | Office Sought: X House Senate President State: MD District: 08 | sement For: 2010 Primary X General Other (specify) ▼ | • | | | | | | | | | | |
| | UBTOTAL of Disbursements This Page (optional | | | | | | _ | | | | 0000 | | • |

| CHEDULE B (FEC Form 3X) | Use separate schedule(| s) FOR LINE NUMBER: PAGE 105 / 107 | | | | | |
|---|---|------------------------------------|--------------------------|-------------------------|-------------------|--------|--|
| EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | (check onl | | 23 24 28b 28c | 25 29 | 26 | |
| ny Information copied from such Reports and State for commercial purposes, other than using the nan | | | | | | | |
| NAME OF COMMITTEE (In Full) | le and address of any pointe | ai committee to so | DIICIL CONTINUUTION | IIS ITOITI SUCT | Committee | | |
| American Academy of Ophthalmology Inc | Political Committee (O | PHTHPAC) | | | | | |
| Full Name (Lock First Middle Leitiel) | | | | | | | |
| Full Name (Last, First, Middle Initial) Welch for Congress | | | Date of Disk | | | | |
| Mailing Address PO Box 1682 | | | 09 | ^D 28 / | [°] 2010 | Y | |
| City Burlington | State Zip Code VT 05402 | | Amount of E | Each Disburs | ement this F | Period | |
| Purpose of Disbursement | | - | L | | 1000.00 | | |
| Contribution 2010 GENERAL Candidate Name | | O11 | | | | | |
| Peter F. Welch | | Category/ Type | | | | | |
| 9 2 | ement For: 2010 | | | | | | |
| Senate President | Primary X General Other (specify) ▼ | | | | | | |
| State: VT District: 01 | Other (specify) | | | | | | |
| Full Name (Last, First, Middle Initial) | | | Transaction | n ID : 6216 | 3-6752435 | 55649 | |
| Westmoreland for Congress | | | Date of Disk | | | | |
| Mailing Address PO Box 458 | | 09 | ^D 20 / | žožo | Y | | |
| City Sharpsburg | State Zip Code GA 30277 | | Amount of E | Each Disburs | ement this F | Period | |
| Purpose of Disbursement Contribution 2010 GENERAL | 00277 | 011 | | | 2500.00 | | |
| Candidate Name | | 011 Category/ | | | | | |
| Lynn A. Westmoreland | | Type | | | | | |
| Office Sought: X House Senate President Disburs | ement For: 2010 Primary X General Other (specify) | • | | | | | |
| State: GA District: 03 | Other (specify) | | | | | | |
| Full Name (Last, First, Middle Initial) Zack Space for Congress Committee | | | Transaction Date of Disk | n ID: 5045 bursement | 0-2435724 | 11392 | |
| Mailing Address 726 Sixteenth Street NE | | | 09 4 | 10 / | ^Y 2010 | Y | |
| City Massillon | State Zip Code OH 44646 | | Amount of E | Each Disburs | ement this F | Period | |
| Purpose of Disbursement 2010 GENERAL | | 011 | 011 | | 2500.00 | | |
| Candidate Name Zachary T. Space | | Category/ Type | | | | | |
| Senate | ement For: 2010 Primary X General | • | | | | | |
| President State: OH District: 18 | Other (specify) ▼ | | | | | | |
| 2.5 | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | > | | | 6000.00 | | |
| OTAL This Period (last page this line number only | | | | 9 | 03500.00 | | |

| | CHEDULE B (FEC Form 3X) | Use separate schedule(s) | FOR LINE | NUMBER: | PAGE 106 / 107 |
|-----------|--|---|-------------------|--------------------------------------|-------------------------------|
| T | EMIZED DISBURSEMENTS | for each category of the Detailed Summary Page | 21b 27 | 22 23 X 28a 28b | 24 25 26 28c 29 30b |
| | y Information copied from such Reports and Statem for commercial purposes, other than using the name | | | | ŭ |
| \rangle | NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc | Political Committee (OPH | ГНРАС) | | |
| | Full Name (Last, First, Middle Initial) Mary DeFrank Mailing Address 512 E Main St | | | Transaction ID: 7 Date of Disburseme | 7463783B074BF72C95E ent |
| | 7 | State Zip Code OR 97123-4137 | 010 | Amount of Each Dis | sbursement this Period 500.00 |
| | Candidate Name | ١, | Category/ Type | | |
| | Office Sought: House Disburse Senate President State: District: | ment For: Primary General Other (specify) | | | |

| SUBTOTAL of Disbursements This Page (optional) | 500.00 | |
|---|----------|--------|
| TOTAL This Period (last page this line number only) | <u> </u> | 500.00 |

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

| TEMIZED INDEPENDENT EX | PENDITURE | S | | PAGE 107 / 107 FOR LINE 24 OF FORM 3X |
|--|-----------------------|-------------------|----------------|--|
| NAME OF COMMITTEE (In Full) | | | | |
| American Academy of Ophthalmology Inc Polit mmittee (OPHTHPAC) | ical Co- | | | C C00196246 |
| | hour notice | | | |
| Full Name (Last, First, Middle, Initial) of Pa | vee | | Date | |
| DMI | , | | M M / | 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address | | | Amount | |
| 1145 W Collins Ave | | | | 141330.00 |
| City | State | Zip Code | Transactio | n ID: V94576-5878564715385 |
| Orange | CA | 92867 | Office Sough | |
| Purpose of Expenditure | | | , | Senate District: 19 |
| Invoice 10221 | | Category/ Type | | Presidential |
| Name of Federal Candidate supported or C Nan S. Hayworth | pposed by expendit | ure: | Check One: | X Support Oppose |
| Nan 3. Hayworth | | | Disbursemen | nt For: Primary X General |
| | | | Oth | er (specify) : |
| Calendar Year-To-Date Per Election | | 159407.00 | 2010 | () |
| for Office Sought | | | | |
| Full Name (Last, First, Middle, Initial) of Pa | yee | | Date | |
| Mullen & Company | | | 0.9 | 30 / 2010 |
| Mailing Address | | | Amount | |
| 1101 Pennsylvania Ave. NW | | | | 64475.96 |
| Fifth Floor | | | Transaction | n ID: V46765-3637811541557 |
| City | State | Zip Code | Office Sough | |
| Washington | DC | 20004 | - Office Sough | Senate District: 02 |
| Purpose of Expenditure | | Category/ | 1 | Presidential |
| Placement Rep Glen Nye VA-2 | | Туре | 1 | |
| Name of Federal Candidate supported or C | pposed by expendit | ure: | Check One: | X Support Oppose |
| Rep. Glenn C. Nye | | | Disbursemen | nt For: Primary X General |
| | | | | . , |
| Calendar Year-To-Date Per Election | | 64475.96 | 2010 | er (specify) : |
| for Office Sought | | 04470.30 | | |
| (a) SUBTOTAL of Itemized Independent Expe | enditures | | | 205805.96 |
| | | | | |
| (b) SUBTOTAL of Unitemized Independent E | xpenditures | | | |
| (c) TOTAL Independent Expenditures | | | | 205805.96 |
| Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate o committee) any political party committee or its age | r authorized committe | | | |
| | | | | |
| Steven Rausch | | Date 10 | | Y Y Y Y Y 2 0 1 0 |
| Signature | | | | |
| | | | | |